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ABSTRACT

Presented is the participant's manual for a minicourse in communication with parents of the developmentally disabled. The manual is divided into five units (with sample topics in parentheses): parent teacher conferencing (typical sequences of parent reactions), reporting to parents (methods and scheduling), the home training program (developmental level emphasis), community resources for the developmentally disabled (how to use a service directory), and a summary review and case study. Each unit contains information on goals, objectives, content and approximate time requirements. The manual is said to be part of an instructional package containing a workbook (EC 081 044) and an instructor's manual (EC 081 045). (CL)

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A Plan for Training Personnel of the Developmentally Disabled

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HOME-AGENCY INTERACTION

A Minicourse in Communication with Parents of the Developmentally Disabled

PARTICIPANT'S MANUAL

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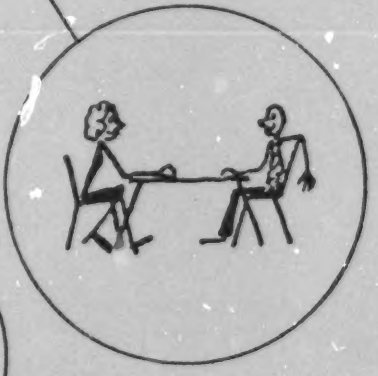

HOME-AGENCY INTERACTION: *A Minicourse in Communication with Parents of the Developmentally Disabled*

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A Note to the Reader

For some time now there has been an emerging awareness that the developmentally disabled are capable of attainments not thought possible only a few years ago. Along with awareness there is developing a realization that the home has a vital and integral role in the development of these accomplishments. The degree of environmental consistency between home and agency in the training processes has a significant influence on the progress of the developmentally disabled person. For this reason, close home/agency communication is imperative. This package is an attempt to improve the communication skill level of those working with the homes of the developmentally disabled.

Who Should be Concerned with the Content of This Package?

Home-Agency Interaction is a universal competency required of any professional interacting with parents of the handicapped. It is especially critical for those working with the severely developmentally disabled.

This instructional package has been designed to be used for inservice programs, for independent study, and as adjunct material for the future professional still in training.

Home-Agency Interaction is a single competency in a series that, when used in combination with other competencies, can provide the practitioner with a base for providing a quality learning environment. For that reason, we suggest that you become competent in the skill areas of basic knowledge, goal and objective writing, informal student assessment techniques, and program design before attempting Home-Agency Interaction in order to receive the greatest benefit.

About This Instructional Package

The total package includes: Participant Manual, Participant Workbook, and Instructor's Manual. The Participant Manual contains all the instruction required for successful completion of the material. The Participant Workbook has exercises which allow the participant to practice what has been learned. The Instructor's Manual includes answers to the Workbook exercises, Unit Assessments, the Criterion Assessment Examination, and the pre- and posttest .

The Participant Manual is divided into five units. Units I through IV are designed to develop a discrete set of skills. Unit V provides an opportunity to see it all together. The first page of each unit contains a goal statement, unit objectives, unit contents, and approximate time required to read the unit and complete all workbook exercises.

Every effort has been taken to make the learning process as entertaining as possible through a combination of narrative information and informal dialogue. The main character of the dialogue is Ms. Teachem. Though she is a fictional character, comments and questions by Ms. Teachem are those often raised by practicing professionals.

The Manual allows the readers to pace their own speed. Participants are cautioned, however, not to be fooled by apparent simplicity of the material. There is considerable information packed into the pages. The best advice is to go slowly and refrain from looking back in the text for information until the questions in the Workbook have been answered. Now enjoy yourselves while learning.

GOOD LUCK AND BEST WISHES UPON DEVELOPING AND USING THE SKILL OF HOME-AGENCY INTERACTION.

UNIT I: PARENT-TEACHER CONFERENCING

Unit Goal

Individual understands the conferencing process and parent emotional reactions that affect this process.

Unit Objectives

1. Individual can discuss the purposes for parent conferences.
2. Individual can list five Do's of parent conferencing.
3. Individual can list five Don'ts of parent conferencing.
4. Individual can identify the major emotional reaction levels of the parent in the adjustment process.
5. Individual can list one identifying behavior for each reaction level.
6. Individual can discuss several alternative methods for handling parent questions.

Unit Content

Getting a Perspective

A Word on Terms

The "Why's of Conferencing"

The "Do's" and "Don'ts" of Conferencing

Reactions to: "Your Child is Developmentally Disabled"

Parents Will Ask Questions, Right?

Time for Review

Average Worktime

50 minutes

Getting a PERSPECTIVE

Parent-teacher conferences, home-agency staffings, and student reviews are necessary and important parts of a total instructional program. Reports regarding success of conferences vary, probably because most professionals are really not skilled in the process. If this is where you are, this unit should be most helpful.

The theme of this unit stresses mutual understanding and respect between parents and teachers as the key to successful conferencing and effective intercommunication. There must be a realization by both parents and teachers that each experiences problems and tensions as they interact with the child. The teacher, as a trained professional, has a responsibility to establish and build an effective relationship.

A factor frequently interfering with this understanding and respect is that agencies and institutions are powerful legal entities invested with considerable authority. The parent views the agency staff person as a representative of this authority and so often approaches parent conferences with a feeling of inequality. The staff person must help the parent feel accepted as an equal if respect and understanding is to prevail and effective communication result. The teacher may have to assume a subordinate role at times to achieve this purpose.

1.3

A WORD ON TERMS

Throughout this book there will be references to teachers and parents.

"Teacher" shall refer to the category of individuals who provide direct learning experiences within any agency outside the home. Included are teachers, aides, residential technicians, therapists, social workers, psychologists, and other specialists.

The term "Parent" is expanded to mean any person responsible for the student's living environment. This includes natural parents, foster parents, and others such as staff in 24-hour residential facilities.

This book also makes a distinction between "counseling" and "conferring."

"Counseling" refers to a process wherein psychological methods are used in giving professional guidance to solve deep emotional problems. While some understanding of emotional problems are necessary in the conference process, the training of such techniques shall be left to other professionals.

The term "conferencing" has importance for us as a major means for an agency to interact with the home in providing a meaningful student program.

CONFERENCING IS DEFINED AS:

Those private, person-to-person discussions between parents and teachers concerning a child's program, progress, and problems.

the "WHY'S" of conferencing

The administrator, during a morning coffee break, overheard Ms. Teachem and another teacher in a heavy discussion.

Ms. Teachem was saying, "school just started a month ago and we are already planning for parent conferences. Many of my parents do not show up even after we set up appointments. Actually, I'm kind of glad they don't because the no-shows are the hardest ones to deal with anyway."

Suddenly the administrator realized that a thorough job of discussing parent conferencing with the staff had not been done and decided to cover the issue at tomorrow's staff meeting.

The administrator began. "Parent conferencing is an essential part of our instruction program. They are essential to parents of the developmentally disabled because of the child's unique learning problems.

"We have talked about conferences before, but maybe I should list on the board a few reasons for having them."

The "Why's" of Conferencing --

1. *Establish rapport and gain parental confidence.*
2. *Establish effective communication lines for reporting student progress.*
3. *Present and discuss home training programs.*
4. *Assist family to needed resources.*
5. *Solicit cooperation and support for the school program.*
6. *Give emotional support.*

The administrator has listed several ideas to consider as the first step in a healthy home-agency relationship. Let's examine them a little further.

1. Establish Rapport and Gain Confidence

There must be a feeling of mutual respect and understanding between parent and teacher. The teacher needs to assume a posture of warmth, receptiveness, and acceptance toward the parent, and recognize the parent has important contributions to make to the conferencing process.

2. Establish Effective Communication Lines for Reporting Student Progress

The parent is usually concerned about their child's progress and, within their capability, want to help their child to grow. Effective communication by the teacher provides the parent with reports of their child's progress in easy to understand terms. In turn the parent can freely discuss how the child is doing at home.

Always attempt to answer or seek answers to parent questions. Never guess!

Progress reporting also provides the means to identify and set plans to solve student learning problems common to both the home and agency. The adage of "two heads are better than one" as a team approach certainly is true when the concern is a child with developmental disabilities.

3. Present and Discuss Ideas for Home Training Programs

The focus here is on being sure the parent understands what training activities can be conducted in the home. Parents of developmentally disabled children, while often willing, are already over-burdened. Use judgment when determining home training plans to keep the load level tolerable. Training programs can help the child learn skills of self-maintenance and social adjustment which can actually ease the parent's load.

4. Assist Family to Needed Resources

A developmentally disabled child affects the entire family. You, as a professional who moves among other professionals, are in an excellent position to direct the parents to other resources both within your agency or those within the community.

5. Solicit Cooperation and Support for the School Program

The best atmosphere for student learning occurs when parents view the school program as being important and necessary for their child. This can be accomplished through the explanation of their child's current program and to show how it fits with possible future programs such as independent living, community based residential hostels, sheltered workshops, and work activity centers.

6. Give Emotional Support

This is very important. Parents need to feel you really care and that they are not alone with their problems. They need to know that there is someone who understands their difficulties and is available in times of need.

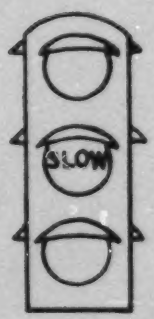
BACK TO THE STAFF MEETING

"You know, these purposes should really be used as goals for us to use in planning our parents' conferences," responded one teacher.

"Exactly," smiled the administrator. "Another point which may be helpful to you is the awareness that the parent sees his child in a family setting while you see him in a group instructional setting. Expectancies for the child will be different. You and the parent will have to harmonize these expectancies and find common goals and training areas. Now, are there any questions?"

Everyone seemed satisfactorily enlightened as the administrator concluded the staff meeting by announcing:

"Next Friday afternoon at our staff meeting we will discuss some of the 'do's' and 'don'ts' of parent conferencing."



Caution

A word of caution needs to be interjected at this point. Home training and working closely with the parents is vitally important. However, the child and his family are a unit and need to have time to be a family free of excessive expectations imposed by an agency.

USE WORKBOOK - DO PROBLEM I

Check Your Answers

Part A

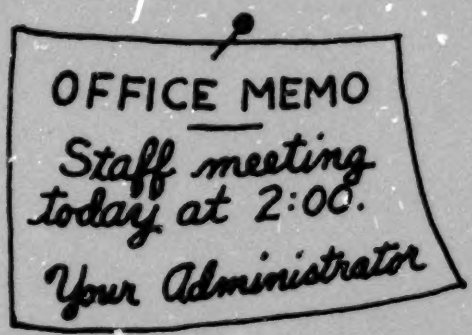
(T) F 1.
(T) F 2.
T (F) 3.
(T) F 4.
(T) F 5.

Part B

F 1.
C 2.
D 3.
B 4.
E 5.
A 6.

the "Do's" and "Don'ts" of Conferencing

Logic dictates most of the do's and don'ts of conferencing. However, we often find ourselves guessing at what is good or bad based on our own biases and are often not sure how effective we have been. The following pages can be used as checklists so that you will be able to evaluate your own conferencing behavior.

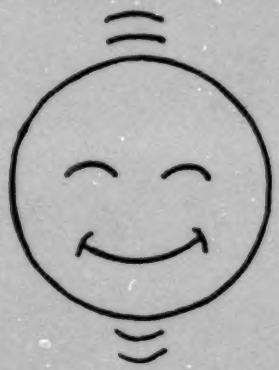


Expectations were high as the staff eagerly awaited the administrator's presentation of the "do's" and "don'ts" of conferencing.

> "May I have you attention, please?" asked the administrator. "This handout contains an infromation checklist which will be helpful when planning your parent conferences. Look it over carefully."

While the administrator is distributing this information to his staff, we are going to present it here for your consideration:

the "Do's"



Do provide a relaxed, comfortable atmosphere.

Do approach the parent as an equal.

Do make the parents feel that their input is welcome and valuable.

Do encourage questions.

Do allow ample time for discussing, and answering questions.

Do listen to parents and hear what they are saying.

Do be prepared for the conference by having all necessary data, records, and other materials available.

Do be honest with parents and give them information they need to make decision regarding their child.

Do assure the parents of the confidentiality of information.

Do be tolerant of the parents' feelings.

Do give parents emotional support and encouragement in their efforts.

Do have some positive points to give.

Do provide an explanation when a parent questions yours or the team's strategy.

Do explain your agency's constraints when you cannot provide a requested service.

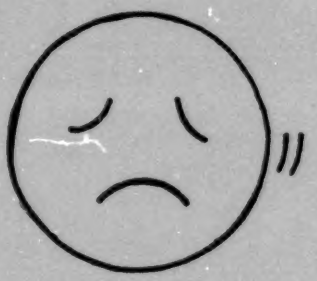
Do summarize the conference.

Do keep accurate notes and records on all parent conferences even if the interchange is only a phone call.

Do involve other specialists when necessary.

Do be aware of the parent's ability to handle various types of information.

the "Don'ts"



Don't let the biases and attitudes of other teachers influence your attitude toward that parent.

Don't put parents on the defensive by trying to fix blame for a student's problem on them.

Don't be overly critical of parents.

Don't assume role of family therapist or counselor.

Don't leave parents' questions unanswered even if you find out and report back.

Don't avoid any issues or problems that need attention - this leads to problems later.

Don't be defensive - this will disturb communications.

Don't generalize your unfavorable feelings and attitudes toward one parent to all parents.

Don't displace onto the parents your hostile feelings toward the child.

Don't enter the conference with strong negative feelings.

Don't act as the final authority in all matters.

Note:

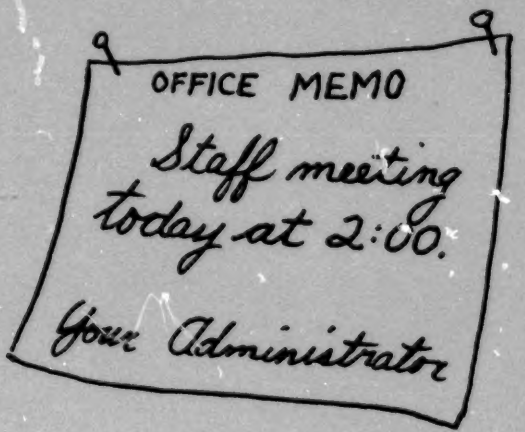
These "do's" and "don'ts" will help you create an atmosphere wherein an open exchange of information about a student will occur. It is only through such an exchange that problems can be identified and plans formulated.

REACTIONS TO: "Your Child Is Developmentally Disabled"

Most teachers, no matter how well-meaning their efforts are to interact with parents, still meet with some frustrations. By way of introducing this section, you should know that:

- We can identify seven natural and predictable reactions parents will demonstrate in an attempt to cope with their problems and move toward acceptance of the child.

- The rate parents move from one reaction to another varies and may actually never completely go through all of these stages.



"You know," began Ms. Teachem, "all of my parents seem willing to help, but after they leave the conference, their good intentions stop."

Another teacher added, "One of my students tells me his parents are telling him to work hard so he can go to college. The child is severely mentally disabled and will do well to be successful in a sheltered workshop. Why do parents do this?"

The administrator commented, "One way to help parents through these difficulties is to know more about parent feelings so we can vary the conference format more effectively. I will list on the board for discussion the reactions parents experience. Later, I will give you a summary sheet describing each of these reaction levels along with some behavioral clues to help pinpoint the level at which the parent is operating."

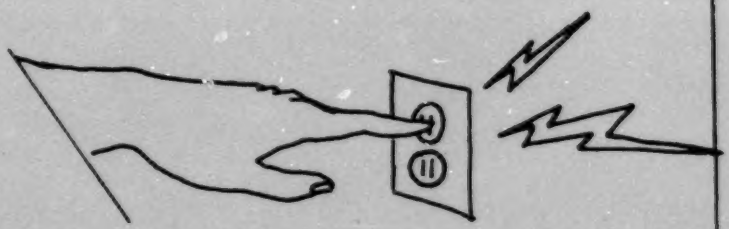
PARENT REACTION LEVELS

1. *Shock*
2. *Refusal*
3. *Guilt*
4. *Bitterness*
5. *Envy and jealousy*
6. *Rejection*
7. *Acceptance*

Before examining the administrator's summary sheets, it should be clarified that the progression from one reaction level to another is not distinct and clear cut. Feelings from several reactions may be intermingled simultaneously. Even parents operating at the "acceptance" level may intermittently experience feelings from previous reaction levels.

Now to the administrator's summary sheets.

Shock



The first reaction is shock which comes from the awareness their child is not normal. It results from the discrepancy between the "idealized" child before birth and the actual child after birth. At this stage the parent simple cannot accept the fact that the child is handicapped.

Parents functioning at this level have extreme difficulty in discussing their child's problems with the teacher. Conferencing needs to proceed patiently and slowly toward the goal of helping the parents make minimal plans for their child.

Clues for identifying parents at this level:

1. Parents will not volunteer much information about the child.
2. Parents will act very emotional and have difficulty controlling feelings.
3. Parents will try to sidetrack direct questions concerning their child.

Refusal

This reaction comes after the confirmation their child is handicapped. Refusal here is directed at the diagnosis, not the child. At this stage the parent will be going from doctor to doctor and from professional to professional in an effort to disprove the original assessment.

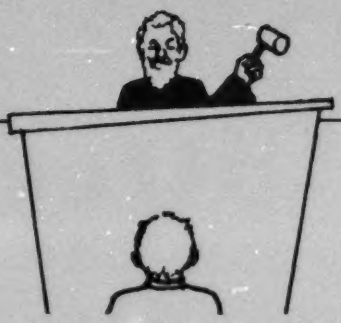
Parents may use the teacher conference as a "sounding board" to gain assurance from the teacher that the child is not handicapped. They may view placement as temporary, tutorial, or remedial in nature and may not be able to make long-range plans at this time.

Work slowly and patiently with every effort being made to accept the reality of the situation.

Clues for identifying parents at this level:

1. Opinions from nonprofessional friends are accepted above that of professionals.
2. Question why their child is in the special program.
3. Degrade the agency, you the teacher, and any other professionals who have program input.
4. Use derrogatory and debasing language to describe the special program.
5. Request homework assignments.
6. Parents will discuss hope for child growing out of the problem if only someone could find the magic formula.

Guilt



This next level of parental reaction is frequently accompanied by shame. Parents have at least accepted the fact that there really is a problem and some communication and planning is able to take place. The feeling of guilt is rooted in religious concepts. Since the parents see the child as an extension of themselves, it is easy to interpret the child's handicap as punishment by God. The parent will experience ambivalent feelings of both love and hate which may cause the child to become confused, disorganized, and to act out.

In conferencing, the teacher may discover that the parent is unable to explain these changes in the child's behavior. The parent may be very limited in the ability to change his approach to the child.

To counteract this guilt, the mother becomes 100 percent involved in community and agency activities. The father involves himself more intensely in his work and spends more time away from home. Marital relationships suffer and possibilities of divorce become a reality. Efforts to refer parents to counseling or parent groups that could help may be difficult to accomplish.

At this stage conferencing may be beneficially directed toward giving the parent factual information about the causes of mental retardation.

Clues to identifying parents at this level:

1. Mother will volunteer for all kinds of community work.
2. The homelife is overly protective.
3. Father's work keeps him out of the home more than before the child was born.
4. Divorce may be imminent.

Bitterness

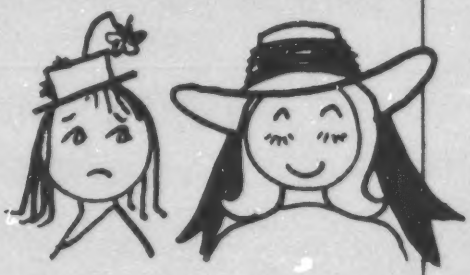
Bitterness results when the parent realizes their child will be a source of interference to the parent and family plans. Society tends to reject the handicap. This causes additional hostility and parents may withdraw further from the social world.

In the parent-teacher conference the teacher may discover the parent unconsciously is displacing some of these feelings onto the teacher. Maintain an accepting, noncritical posture so parents feel all society does not reject them and their child. Encourage participating in parent groups and other social contacts. Another helpful technique might be to pair the distraught parents with another set of parents who have succesfully gone through this stage and to help them regain the needed perspective.

Clues for identifying parents at this level:

1. Family reduces public and social interactions.
2. Child may model parent behavior by displaying anger and blame the work of the school.
3. Family will reject most suggestions intended to help them plan for the future.
4. Parents will have child tutored and enroll him in "quickie" courses in an attempt to increase academic attainment.

Envy and Jealousy



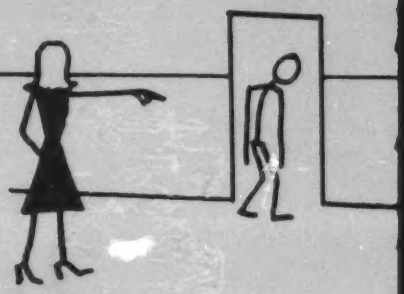
These feelings result from the natural tendency of parents to compare their child with normal children.

In conferencing the teacher may find the school, and especially the teacher, is being blamed for the lack of progress by the child. The teacher can help the parent at this point by explaining the rate of progress the parent can expect and by leading the parent to realize that the child should be compared to himself when checking progress.

Clues for identifying parents at this level:

1. Parent will stress your teaching of academics, especially reading, writing and arithmetic.
2. Parents will brag how quickly their child excels in certain tasks and will spend considerable effort to teach their child some skill to show this.
3. Parents will brag about their child's ability to remember some event or fact experienced in the past.

Rejection



Depending on the degree of bitterness, envy, and jealousy felt by the parent, a level of rejecting the child will be the result varying from abandonment to a totally overprotective concern.

Conferencing with parents at this level should take the direction of presenting positive accomplishments of their child. Presenting cumulated graphed and charted data showing the child's progress may be especially meaningful to these parents.

Clues for identifying parents at this level:

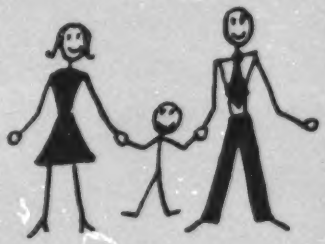
Abandonment reactions:

1. Out-of-home placement and little or no visitation by the parents.
2. The special child is dirty, wears old clothes, and has few personal possessions while other children in the family are clean, have new clothes, and own several personal items.
3. Child may show signs of being physically abused.
4. Parents do not participate in agency activities or meetings related to your special program.

Overprotection reactions:

1. Child is kept overly neat.
2. Parental expectations for child are too high.
3. Parent withholds child from physical activity.
4. Parents volunteer for agency activities where their child is concerned. They may even try to take over your classroom.
5. Parents become board members and officers of PTO's and PTA's.

Acceptance



This final stage is highlighted by the parents' realistic appraisal of their child's disability while some symptoms of the earlier stages remain. Once the parent has reached this stage, much positive and cooperative planning can take place.

Clues for identifying parents at this level:

1. Parents can accept suggestions to improve home learning environment.
2. Parents may take vacations without children, leaving them home with a sitter.
3. Parents are making plans for the future welfare of their child.
4. Child is warm and makes friends easily, possibly with nondisabled children.

The sooner parents are able to move through these seven stages of reactions, the more healthy the family structure will be, offering you an open door for quality instruction. Do not expect parents to totally accept a developmentally disabled child in their family very quickly. Often the process takes years. A physical split in the family where the child is placed in an out-of-home environment may be desirable, especially when there is a realization that parental acceptance can never be reached.

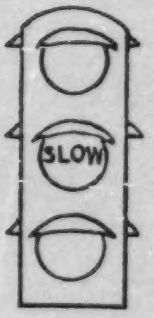
"I can't remember all these stages," cried Ms. Teachem. "It's just too much!"

The administrator smiled consolingly. "I know, Ms. Teachem, these sheets I handed out will help if you keep them handy.

"Remember, it is important that the teacher does whatever possible to help the parent because family adjustment has a direct relationship on how much success can be attained in the instructional setting."

What the administrator is telling the teacher is simply:

1. Parents of handicapped do go through certain emotional reactions in their porcess of adjusting to the handicapped child.
2. These emotional reaction levels have definite influences on the communication porcess between parents and teacher.
3. These are clues the teacher can use in identifying at which reaction level parents are functioning.
4. The teacher has a responsibility to help parents achieve the most satisfactory adjustment possible in order to help the child grow.



Caution

Remember, you may be able to approximately pinpoint the parents emotional recation level. The feelings intermingle and overlap at various stages. Use the "clues" to refine your judgment.

USE WORKBOOK - DO PROBLEM II

Check Your Answers

Part A

1.
2. ✓
3.
4.
5.
6. ✓
7.
8.
9. ✓
10.

Part B

1. a (b) c
2. a (b) c
3. a (b) c
4. a (b) c
5. a (b) c

Part C

1. Shock
2. Acceptance

Parents will ask questions. Right?

There are many questions asked during conferences that may have little to do with your instructional program. Many of these questions have no sure answers.

Here are a few more frequently asked questions. How would you answer them?

- How do I toilet train my child?
- How do I train my child to feed himself?
- Should I try to teach my child academic work at home?
- What will happen to my child in the future when I'm not around to take care of him?
- What methods should I use to control my child?
- Am I doing the right things for my child?
- How do I teach my child about sex?
- What should I do when the neighbors won't let their children play with my child?
- Should I institutionalize my child?
- What kind of job will my child be able to do when he is older?
- How much independence should I let my child have?
- Should my child date when he is older?
- Why aren't you doing more for my child?

The teacher's own experience qualifies whether these questions can be answered on the spot, delayed until the team can meet, or referred to another resource.

Fielding Parent Questions

Teachers should be aware of their own biases when offering answers to parent questions because each one is loaded with hidden emotional impact. By answering a question without regard to the parents' ethical, moral, and religious values, progress made on program effectiveness can be wiped out very quickly.

Teachers may not understand what the parents really want to know. The last questions, for example, on dating is unclear about what is being asked. Probe for more information. Return the question with a question. For example, "What concerns you about dating?" or "What sort of dating would you prefer?" Carefully phrased questions will help determine hidden feelings and very often lead the parent to answering their own concerns.

Teachers should never guess at an answer. Have resources in mind in case the parents want to explore it for themselves.

Teachers should not answer questions according to what they think parents want to hear. Overly simplified and overly optimistic answers may be detrimental to parents who are still in the earlier stages of reaction.

Resource materials are included in the bibliography to assist teachers in acquiring accurate, reliable information to use in answering questions.

It is time to check on how much you have learned about parent conferences. You are now ready to complete Unit I Assessment. But, before you do, study the Unit Objectives and Time for Review. Study any items you missed on the assessment and correct them in your workbook before going in to Unit II.

Time for Review

I. CONFERENCING DEFINITION:

Those private, person-to-person discussions between parents and teachers concerning a child's program, progress, and problems.

II. THE REASONS FOR CONFERENCING ARE:

A. Establish rapport and gain confidence.

B. Establish effective communication lines for reporting student progress.

C. Present and discuss ideas for home training program.

D. Assist family to needed resources.

E. Solicit cooperation and support for the school program.

F. Give emotional support.

III. A DISTINCTION MUST BE MADE BETWEEN "CONFERENCING" AND "COUNSELING."

IV. FOLLOWING THE "DO'S" AND "DON'TS" WILL ENHANCE THE EFFECTIVENESS OF CONFERENCING.

V. PARENTS EXPERIENCE VARIOUS REACTIONS IN THEIR ADJUSTMENT TO THE DEVELOPMENTALLY DISABLED CHILD:

A. Reaction levels:

1. Shock.
2. Refusal.
3. Guilt.
4. Bitterness.
5. Envy and jealousy.
6. Rejection.
7. Acceptance.

B. Behavior "clues" indicate the adjustment level at which the parent in functioning.

C. Reaction levels have implications for the conference siutation.

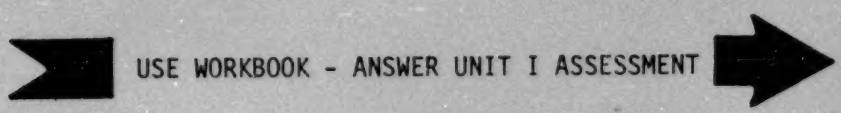
VI. CONSIDERATIONS IN HANDLING PARENT QUESTIONS:

A. Alternatives.

1. The teacher, if qualified, can answer the question.
2. Refer the question to the team.
3. Refer the question to another professional.
4. Direct the parent to resources they can explore for an answer.

B. The teacher must be aware of own biases and religious, moral, and ethical beliefs when answering questions.

C. Consider the parents' moral, ethical, and religious beliefs when answering questions.



UNIT II: REPORTING TO PARENTS

Unit Goal

Individual understands factors affecting the content of a progress report and methods for communicating this information to parents.

Unit Objectives

1. Individual can define Scheduled and Unscheduled reporting.
2. Individual can identify the sources for information used in preparing progress reports.
3. Given a list of reporting objectives, the individual will be able to determine at which scheduled conference during the year these items should be considered.
4. Individual can list three available methods for reporting progress to parents.
5. Individual can list the four major developmental areas that form the basis for reporting.

Unit Content

Laying the Foundation

Sources of Information for Progress Reporting

Scheduled and Unscheduled Reports.

Scheduling the Schedule for Scheduled Conferences.

Methods for Progress Reporting.

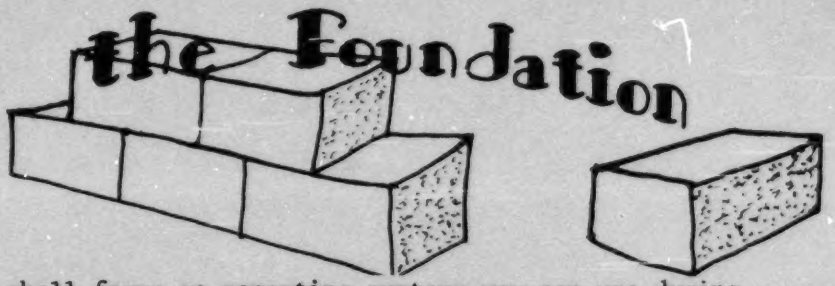
What to Report

Time for Review

Average Worktime

One Hour

Laying the Foundation



In this unit we shall focus on reporting systems you can use during parent conferences as discussed in Unit I.

Several points of effective conferencing parallel those used in reporting procedures.

First, effectiveness of the reporting process will hinge upon parental involvement at the goal and objective writing stage of program planning. Another way of saying this is that the report to parents will have significantly more meaning if they are included in the process of writing the goals and objectives for the child. The parent will be able to see how assessment information is used in arriving at programs and be more capable of interpreting progress reports on their child.

Second, parents are equal members of the team with equal interests in planning (goal and objective writing) their child's program and monitoring (continuous evaluation and recording) progress.

Third, parents, as equal members of the team, need complete information regarding their child's progress and problems. It is only with such information that they can operate intelligently and effectively in a home training program.

Fourth, parents are involved in the home training phase of their child's overall program and can provide valuable information to the teacher or team for future programming.

The above points are all interrelated and form the bases for all effective reporting system.

2.3

Sources of Information for Progress Reporting

Back at the teachers' meeting...

The administrator has just finished discussing the four points to remember when reporting to parents. Ms. Teachem was frowning and obviously grapping with a problem.

She asked, "Sometimes I don't seem to provide a very complete report. Could we discuss the sources of information available for preparation of progress reports?"

"Certainly," replied the administrator. "I'll write them on the chalkboard."

INFORMATION SOURCES FOR PREPARING PROGRESS REPORTS

Information from Central Files:

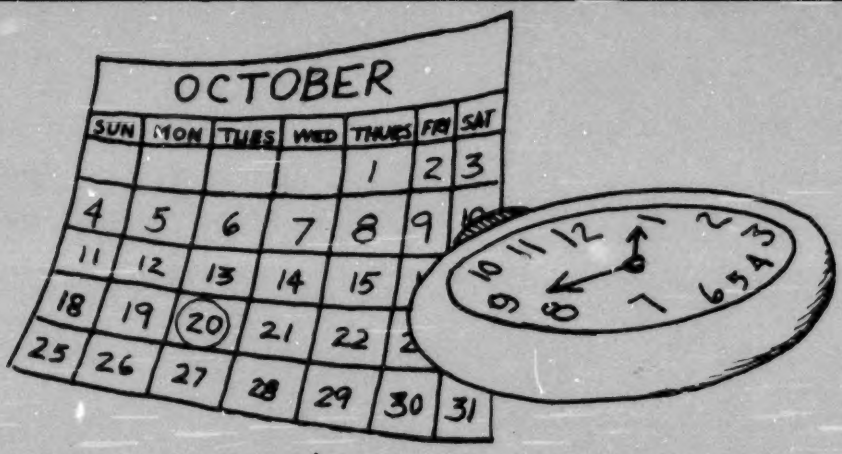
- *Results of formal tests.*
- *Reports by the Inter-Disciplinary Staffing Team.*

From Current Classroom Records.

- *Graphs and charts showing progress on task-analyzed programs.*
- *Informal Assessment Information, including teacher-made tests.*
- *Work samples of students.*
- *Informal observations.*
- *Cumulative incidence reports.*

He continued, "If you have this information readily available, preparing for a reporting session with parents should not require much time."

The administrator is making a very important point. Teachers do not have to spend a great deal of time for the reporting process if the data is available and continually being added into your agency's system of records. It should include: goals, objectives, continuous data, and direct staffing team reports. Reporting forms then are developed so data can be easily transcribed onto them.



Scheduled and Unscheduled Reports

Reports may be scheduled or unscheduled.

> SCHEDULED REPORTING IS:
>
> THE ACTIVITY OF PROVIDING INFORMATION TO PARENTS ABOUT A STUDENT PROGRAM ON PREDETERMINED DATES CONSISTENT WITH THE MINIMUM REQUIREMENTS OF THE AGENCY.

Scheduled reporting includes parent conferences, report cards, monthly progress forms, or any agency-home meeting in which a major change of student programming is planned.

> UNSCHEDULED REPORTING IS:
>
> THE ACTIVITY OF PROVIDING STUDENT INFORMATION TO PARENTS AND TO TEACHERS AS NEEDED AND MAY BE INITIATED AT ANY TIME BY EITHER TEACHER OR PARENTS.

Unscheduled reporting gives parents a "running account" of their child's progress and problems between the scheduled reporting times.

Unscheduled reporting provides a regular means for communication between teacher and parents. Some teachers use the "lunchbox telegraph" which is to send all messages, information, and student's daily work in the student's lunchbox to assure its arrival.

This method is especially effective when both parents work, or when the student is not always dependable to hand carry the messages. However, unscheduled reporting can be short phone calls and special requests to meet with parents to help work out a special problem their child is having.

Parents, as part of the team, must be encouraged to initiate unscheduled reporting sessions. To assure success of parental involvement, any direct instruction person should provide whatever information is asked no matter how unimportant the request may seem.

BACK TO THE STAFF MEETING

"You have been discussing the two types of reporting with us." began Ms. Teachem. "We are all familiar with the scheduled types of reporting. This includes our parent-teacher conferences we have during the year. However, it is interesting that you refer to notes, phone calls, and student work samples as unscheduled reporting."

The administrator is on solid ground. These types of unscheduled reporting provide the parent and the agency with the ongoing information they need.

"I have a question," said one of the teachers. "In one of my college classes, we talked about 'crisis intervention' which involves assisting parents, staff, and the child through difficult emotional situations. Is this included as part of unscheduled reporting?"

"It certainly is," answered the administrator. "Crisis intervention is a very important part of an instructional program because it provides us with the opportunity to report a serious problem that has occurred in the instructional setting so that everyone can be aware of it and formulate plans for a solution."

The administrator continued, "There are several points that need to be kept in mind regarding both types of reporting. You may want to jot them down."

FACTORS COMMON TO BOTH STYLES OF REPORTING

1. *Notes of parent-teacher contacts should be maintained in the current classroom records for future teacher and staff reference.*
2. *Either the parent or the agency should feel free to initiate either type of reporting sessions.*
3. *Follow-up on important items should be made.*
4. *A request for an unscheduled reporting session by a parent should always be followed up quickly because this may be an attempt by the parent to move through a higher level of adjustment toward "acceptance."*
5. *There is no limit to the number of unscheduled reporting conferences possible.*

Reporting, whether scheduled or unscheduled, provides excellent opportunities to establish and expand the communication process between the home and the agency. However, careful thought and planning are required if this goal is to be achieved.

Scheduling the Schedule for Scheduled Conferences

Perhaps the most fundamental reason for scheduled reporting sessions with parents of developmentally disabled children is that the handicapped child encounters many learning difficulties and requires close ongoing monitoring of his instructional program. Similarly, parents experience many frustrations in home training efforts and need considerable help. For both these reasons several scheduled sessions between the parent and teacher should be held each year.

Frequency of Reporting to Parents

In the lounge the administrator is about to explain his position on this subject.

> "It seems very advisable to me that there should be at least three scheduled sessions with the parents during each school year. I know this is an unpopular position for some of you but the special needs of our exceptional children necessitate close planning and cooperation with the home. I have prepared three transparencies with each one showing about when the session should occur and some of the major objectives that should be emphasized at each session."

First Transparency

Fall Reporting Session (Late September to early October)

Objectives -

1. Explain to new parents the results of assessment information prior to placement.

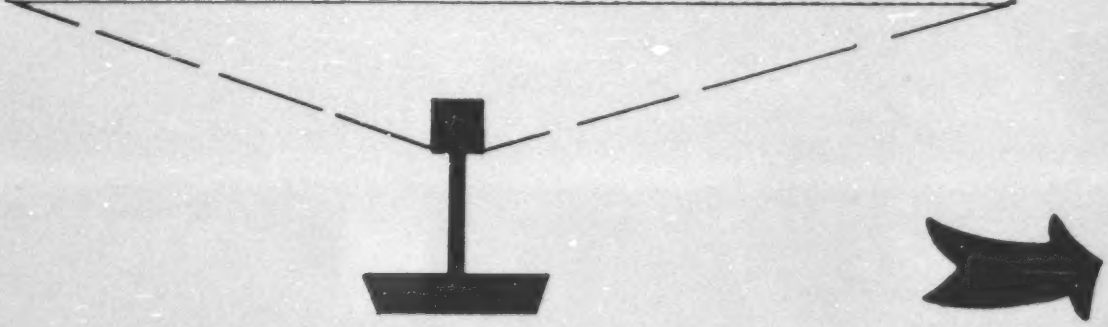
2. A cooperative parent-teacher goal and objective writing effort which should include a clear outline of the parent's home training responsibilities.

3. Explaination of the methods to be used to measure and record the child's progress in the agency setting.

4. Development of a system the parent can use for recording the child's home training progress.

5. Establishment of a communication system including scheduled and unscheduled reporting procedures between the home and agency, so that parents know who to contact for help with a particular problem and how to contact that person.

6. Identification of additional services needed by the family or child.



One of the teachers asked, "Isn't it rather impractical to include parents in the goal and objective writing sessions?"

The administrator replied, "Including parents in the planning stages really saves time in the long run since someone has to go through the process of discussing instructional goals and objectives with them at some point. Add to this the additional time used to work out a home training program; it soon involves more time than if the parents were included initially. It seems everyone benefits and parents will accept your agency's activities more readily."

An Added Note

Many agencies perform assessment and programming activities before instruction begins in the fall. When this occurs, parents should be involved at these early stages. Such an approach enables staff to initiate program in a smooth, orderly fashion. It also has the advantage of enabling complete utilization of staff time in the instructional process when it is important that the child receives maximum staff attention.

Second Transparency

Mid Year Report (About mid December or early January)

Objectives -

1. Assessment of the child's progress toward attainment of stated goals and objectives both in the home and in the agency.

2. A restatement of inappropriate or unrealistic objectives that would limit learning.

3. Discussion and identification of common problem areas between home and agency and agreement on plans to solve or alleviate them.

4. Identify and plan for additional services needed by the family or child.

5. Present information explaining special enrichment/recreational programs available to the child during the summer months with a follow-up letter to the parents giving details of these programs in the spring.

Ms. Teachem was the first one with a question. "If we do most of this in the fall, why do we have to do it again at mid-year? Why not just wait until spring?"

"Remember," responded the administrator, "We maintain continuous data on our programs for the purpose of being able to evaluate our efforts at any time. By having a mid-year reporting conference, we can discuss any problems with parents before it is too late in the year to change our direction.

"Any questions?"

Hearing none, the administrator showed the last transparency.

Third Transparency

Spring Reporting Session (Late May or early June)

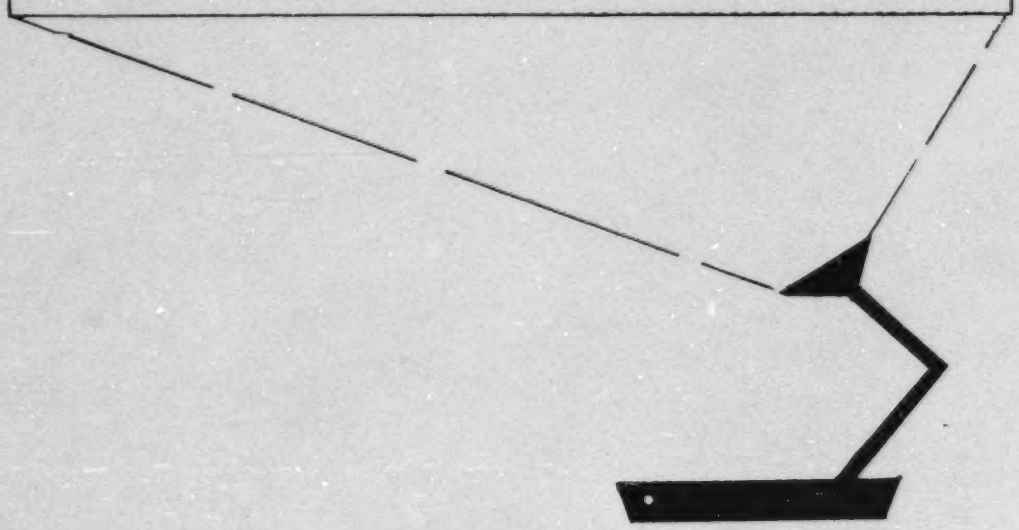
1. Evaluation of the child's objectives attainment throughout the school year. (Annual Progress Report.)

2. Identification of persistent problems that may require help from special resources during the summer.

3. Redefine and outline areas of home training that the parent can continue throughout the summer.

4. Confirm dates and finalize plans for the child's participation in special summer enrichment/recreational programs.

5. Discuss any changes of placement that would begin in the fall such as change to another classroom or work training program.



Let's see how much you know.

USE WORKBOOK - DO PROBLEM III

Check Your Answers

Part A

Central Files		Current Classroom Records	
B	1.	C	3.
D	2.	A	4.

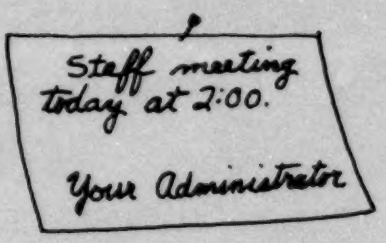
Part B

1.	2.	3.	4.	5.	6.
a	(a)	(a)	a	a	a
b	b	b	b	b	b
(c)	c	c	c	(c)	c
d			d	d	d
			e		(e)
			(f)		

Part C

S	1.	M	6.
F	2.	F	7.
S	3.	S	8.
S	4.	F	9.
M	5.	F	10.

Methods for Progress Reporting



The administrator opened his weekly staff meeting with this statement, "Several of you have come to me individually asking about different methods to use when reporting to parents. Over a period of years, I have observed many different ways that teachers have used in reporting to parents. I would like to share these with you. Knowing that it is hard to remember all of this information, I have put these methods on a sheet for you so they can be kept in your professional notebook. Let's look at them and see if you have questions or comments."

Before examining the administrator's different methods for reporting student progress, we should first discuss ways to organize various reporting methods to make them more effective.

The most desirable reporting arrangement is to have all staff offering direct instruction to a child be present at any session with parents to gain a whole view of the instructional program at one time. The "modular" and "platooning" systems wherein children move from teacher to teacher or in an agency where many students receive similar services such as occupational therapy, physical therapy or medical care lends itself well to team reporting since each professional encounters about the same children. This entire team would usually staff each student periodically making it a logical next step to include parents at each scheduled reporting session.

A second arrangement for team reporting is for each staff person to be located at separate stations near their own records and have parents move from station to station to discuss their child's program.

A third arrangement for team reporting is for one individual to be designated as spokesman. This system requires considerable planning by the agency team for complete and accurate transmission of information.

The atmosphere of the team reporting must be casual and relaxed. It is easy for parents to feel overwhelmed with such a battery of professionals and skill must be used to maintain a free flow of communication.

ANYTIME A TEACHER CHANGES PROGRAM PLANS WITH PARENTS WITHOUT CONSULTING OTHER DIRECT SERVICE STAFF, TRAINING WILL BECOME SEGMENTED AND EFFECTIVENESS WILL BE LOST.

Remember, it is essential to have written records of any communication between parents and staff filed in the student's current classroom record. Summaries are filed in the central file for use during interdisciplinary staffing meetings.

Now for the methods of reporting...

ORAL REPORTING

This is simply verbally exchanging information with parents about their child. The method is most commonly used because it is the most flexible procedure allowing a great deal of informal exchange of ideas. This may be the only reporting alternative if parents cannot understand your written material or if your records are inadequate and not up to date.

While being a very common procedure, it is not a useful method by itself because: (1) it is too easy for a parent to forget and your records will not reflect what has been discussed; and (2) the lack of structure may result in too much time being spent on minor points to the neglect of more important items.

WRITTEN REPORTING

This form of reporting involves supplying the parents with some type of written document reporting the child's progress and problems. This method has the distinct advantage of providing parents with an on-going record against which they can compare behavior changes.

Two written reporting devices are the checklist and grade placement report.

Checklists:

The checklist, if well designed, gives the parent an easy to understand, visual picture of the child's functioning level. It lends itself well to a presentation of sequential skills grouped by major developmental areas with the capability of indicating the child's exact position within each area.

Checklists can be designed in a flexible manner so that they reflect progress within a certain program level e.g., Preschool, Primary, etc., or they can be structured to show a continuum of developmental tasks within a certain area, e.g., Social Development, Physical Development, etc. Using the latter format, the teacher would indicate on the checklist exactly where the child was at a particular reporting time.

If it is impossible to meet with parents, this reporting alternative may be in the form of a report card or progress sheet and sent home. It may also be used as an unscheduled reporting device when it is used "as needed" by the teacher rather than on a basis predetermined by the agency.

Following is a sample checklist. Items in any developmental area can be managed with this type of format.

BELT COUNTY COMMUNITY CENTERED BOARD
ANYTOWN, COLORADO 80000
OBSERVATION SHEET OF DEVELOPMENT OF PRESCHOOL & PRIMARY CHILD

Name John Jones Teacher Joy Trainor

Date entered July 5, 1971 KEY: I=Independence; NH=Needs Help; DN=Does not do; NO=No Opportunity

	Enter date of each evaluation					
SELF-CARE	7-1-72	10-11-71	5-28-72			
Clothing						
Takes off coat	NH	I	I			
Puts on coat	NO	NH	I			
Hangs up coat	NO	I	I			
Fastens buttons (front)	NO	NH	I			
Fastens zipper	NO	DN	NH			
Slides zipper	NO	NH	I			
Takes off boots	NO	NH	I			
Puts on boots	NO	NH	NH			
Fastens belt	NO	NH	NH			
Laces shoes	NO	DN	NH			
Ties shoes	NO	DN	NH			
Buckles shoes	NO	NH	I			
Put on shoes	NO	I	I			
Takes off cap	NH	I	I			
Puts on cap	NH	I	I			
Hangs up hat	NO	I	I			
Hangs up clothing	NO	NH	NH			
Knows own clothing	NH	I	I			
Wear suit.clothing	NO	NH	NH			
Dresses self comp.	NO	NH	NH			

Grade Placement:

In some instances where reading, spelling, and arithmetic skills have developed to a level where standardized achievement tests can be used as a measuring device, it is feasible to report progress in terms of grade level placement. Parents who have not realized full acceptance of their child's handicap appreciate this type of reporting. The teacher should be thorough in explaining to the parents the difference between mechanical (the pure test score) and the real comprehension level.

Following is an example of how this information would be presented on a standardized test form.

WIDE RANGE ACHIEVEMENT TEST

Reading, Spelling, Arithmetic from Pre-School to College
By J. F. Jastak, S. W. Bijou, S. R. Jastak

Name Jones,John Birthdate 10-12-1965 M.F. Chron. Age 9-7

School Belt County Grade Prim. Read. Score 22 Grade 1.0 %ile 2

Referred by Joy Trainor Spelling Score 19 Grade 1.1 %ile 2

Date 5-4-1975 Examiner Ms. Smith Arith. Score 18 Grade 1.4 %ile 3

COMBINED WRITTEN AND ORAL REPORTING

The most effective reporting system is a combination of the oral and written methods.

Oral reporting has a weakness of being too flexible while written reporting has little or no flexibility. The combined method allows you to use the best from both of them. It allows for an opportunity to explain written record for future reference. Also, there is the flexibility to discuss additional program plans to solve some of the student's unmet needs.

VISUAL MEDIA REPORTING

This is a very interesting approach, but not always the most practical. It is expensive, takes time to prepare, and requires some special talent and planning by the staff.

Examples of visual media reporting include slide presentations and videotape reports.

Slide Presentations:

This method is effective for showing broad concepts of classroom programs. Most reporting conferences happen outside the regular instructional day, and the type of reporting can help parents visually experience how activities, methods, and materials are used. They can also illustrate activities of special programs not currently in action such as summer camps and field trips.

Slide presentations are also effective to orient parents new to the agency and other interested persons who need to know about your program.

Videotape Recording:

Video recording has an advantage over slide show presentations because of the built in sound mechanism and individual activities can be seen in motion. Many agencies use video recording to demonstrate home training procedures. (This procedure will be explained fully in a later unit.)

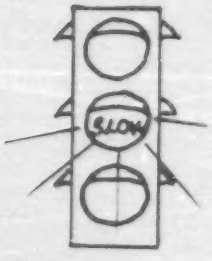
While the initial investment is large, reusing the same tape again makes the system a real possibility. Teachers can easily be trained to use the equipment and very little special talent is necessary.

Ms. Teachem began waving her hand, "I have discovered how video tape reporting can really be effective for reporting.

"We taped the students in my class last fall to sort of get a visual baseline of their skills. When one of my parents complained about their child's lack of progress in learning to speak, we showed the tape and compared the changes between then and now. The parents were very surprised at the progress and remarked they had forgotten how their child had talked then."

"A very good example," agreed the administrator. "Where progress with the developmentally disabled is slow, having a visual and auditory example from the past is a great motivator, not only for parents, but for us as well.

"I think you have had about enough material for one day. In closing, I will leave you with two points of caution."



"1. Whenever you question whether a parent will follow through with your recommendations for a particular problem include your supervisor in the conference.

"2. Make two copies of the progress report; have the parents sign one copy and put it in the student's current classroom record."

USE WORKBOOK - DO PROBLEM IV

2.21

Check Your Answers

Part A

Any three of the following are correct:

Visual Media

Oral

Combined Oral and Written

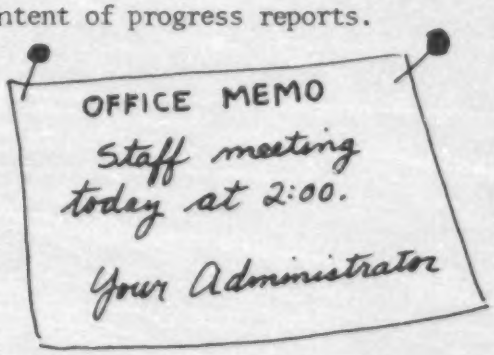
Written

Part B

1. Visual Media
2. Written
3. Oral
4. Combined Written and Oral
5. Oral
6. Written
7. Visual Media

What to Report

What to report is related to agency program goals and objectives and to the types of services provided to the child. These factors, along with those included in the following disucussion, are the guidelines for determining the content of progress reports.



The administrator got directly to the business at hand at the next staff meeting. He tackled the subject of "what to report" by making the following statement -

> "Asking parents what they want to have reported concerning their child's progress is a way to be certain you are covering the areas that concern the parent the most. However, since you are the teacher and a professional, it is up to you to delineate the developmental areas that need to be included in your report. Various programs group skills in different ways and in varied combinations but, regardless of the arrangement you are following, these major developmental areas should be included." (Taken from State of Colorado, Master Planning Guide.)

I. Physical Skills

II. Communication Skills

III. Self-Management Skills

IV. Employment Skills

Each of these major areas can be subdivided into subareas to enable more specific reporting, e.g.:

I. Physical Skills
- Perceptual Motor Skills
- Fine Motor Skills
- Gross Motor Skills

II. Communication Skills
- Writing Skills
- Speech and Language Skills
- Reading Skills

III. Self-Management Skills
- Personal Skills
- Leisure Time Skills
- Maintenance of Physical Health Skills
- Home Management Skills
- Activities of Daily Living Skills

IV. Employment Skills
- Obtaining Employment Skills
- Work Performance Skills
- Administrative Routine Skills
- Interpersonal Relations at Work Skills

Social Adjustment concerns
are listed in both self-management and employment skills.

The administrator's listing can be inexhaustive. Each of the subareas can be further broken down into sequential and developmental hierarchies of skills. When reporting to parents, it is necessary to pinpoint where, within each of these areas and at what level their child is functioning. Mental and chronological age levels of the child are important factors in reporting attained or unattained skills within certain areas. Also, you will want to include special skill needs related to specific physical disabilities such as deafness, blindness, or motor dysfunctions.

Time constraints limit what can be reported. True, growth is continuous in all areas, but your training emphasis will change according to the student's long term plan based on his ability level and chronological age. Reporting needs only to be in the areas where you are providing the training.

A Final Note

Your agency may have a definite reporting format or form(s) to use with parents. However, you may be able to use, augment, or supplement them by some of the reporting methods and guidelines presented in this unit. You may also wish to suggest changes in your agency's present reporting system incorporating some of these same methods and guidelines. Nevertheless, the overall task is to supply parents with a comprehensive report of their child's progress in the easiest to understand manner.

You are now ready to do Unit II assessment. Before doing this, study the Unit Objectives and Time for Review. Study any items you missed on the assessment and correct them in your workbook before going on to Unit IV.

2.25

Time for Review

I. Parents must be included as equal members of the team and involved in developing the child's instructional program.

II. Sources of Information for Preparing Progress Reports:

A. Central Files

- Formal test results
- Interdisciplinary team reports

B. Current Classroom Records

- Graphs and charts
- Informal assessment information
- Work samples
- Informal observations
- Cumulative incident reports

III. Scheduled Reporting defined:

The activity of providing information to parents on predetermined dates consistent with the minimum requirements of the agency.

IV. Unscheduled Reporting defined:

The activity of providing student information to parents and to teachers as needed and may be initiated at any time by either the teacher or parent.

V. Schedule a minimum of three reports in the fall, mid-year, and in the spring with definite objectives for each session.

VI. Methods for reporting progress:

A. Oral

B. Written

1. Checklists
2. Grade placement

C. Combined written and oral

D. Visual media

1. Videotape
2. Slide presentations

VII. Progress should be reported from the following developmental areas:

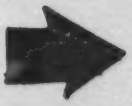
A. Physical skills

B. Communication skills

C. Self-Management skills

D. Employment skills

USE WORKBOOK - ANSWER UNIT II ASSESSMENT



Goal

Individual understands the principles and procedures for designing and implementing a home training program.

Objectives

1. Individual can identify the principles that underly an effective home training program.
2. Individual can follow the steps in designing and implementing a home training program.
3. Individual will list three methods that can be used for instructing parents in home training techniques.
4. Individual can discuss the training areas that require emphasis at the various developmental levels.

Unit Content

Getting a perspective

Determining the Basic Principles

Designing and Implementing the Home Training Program

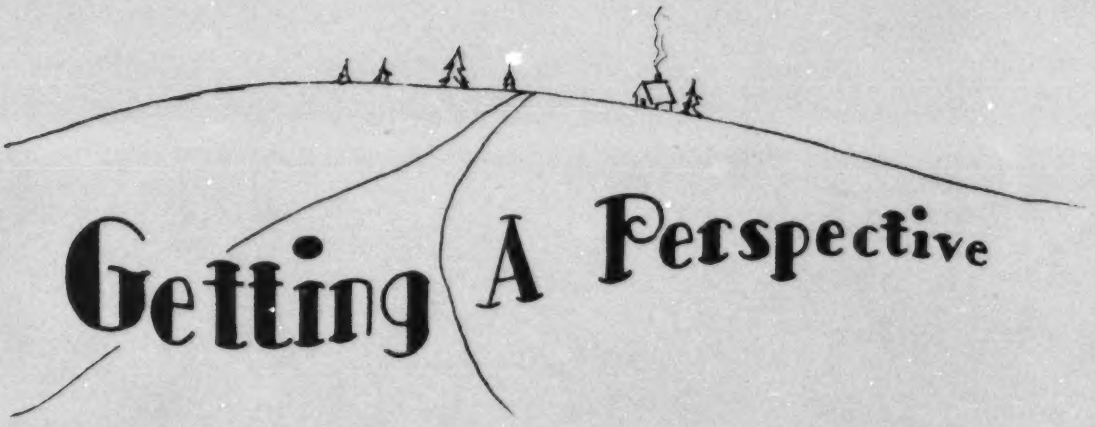
The Making of a Parent-Professional

Developmental Level Emphases in the Home Training Program

Time for Review

Average Worktime

One Hour

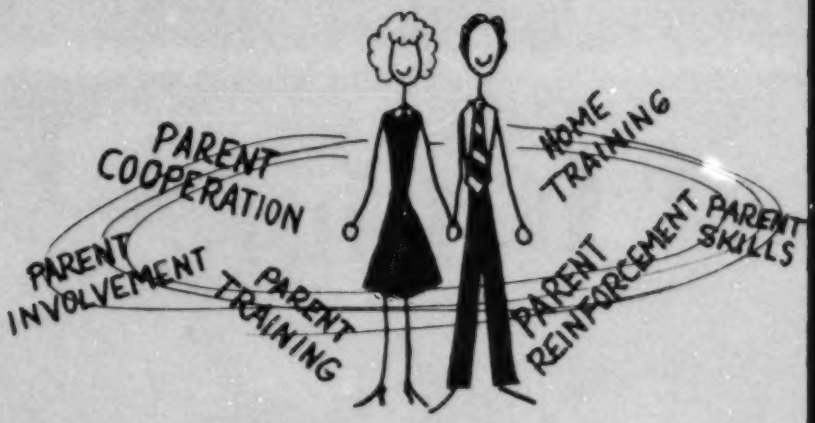


Getting A Perspective

In the preceding two units the focus has been on ways to establish effective communication with the parents and how to report child progress. In this unit the focus will shift from the agency to the home and concentrate on how the teacher can help the parents develop and conduct a home training and other enrichment programs for their children.

It is the responsibility of the agency staff to help parents with home training activities. This is becuase it is the agency staff that has been trained in setting priorities according to the child's developmental needs, writing appropriate goals and objectives, knowledge about training techniques, methods of evaluation, and other types of information for designing a successful home training program.

Determining the Basic Principles



At this regular staff meeting the administrator was calling attention to a need for more emphasis on developing home training programs for developmentally disabled children being served by the agency. He had pinpointed this as one of the weaknesses of the total agency program.

Ms. Teachem was first to admit her neglect of the home training area and commented:

> "We have never really talked about how to set up a home training program so I don't really know where to begin."

Several other staff persons echoed the same sentiments.

> The administrator continued, "That is a very fair appraisal of the situation, Ms. Teachem. In several of our coming staff meetings we are going to examine how to set up a program and how to train parents to use a home training program. Today, I would like to discuss the principles that underlie the home training area."

There are a number of principles that will be helpful to the teacher, and other agency staff persons, in the designing and implementing a home training program. These principles, when properly utilized, form the basis for a sound program for all age levels.

1. Programs having the greatest parental cooperation in the home training area are those where parent involvement and training begins when their child is very young. In many instances this is not possible because the individual is already teenaged or older or parents have only just been able to emotionally manage a home training program. Also, some developmental disabilities are not readily identifiable until school age.

2. Involve parents in helping to determine their child's program plan. The reasons have already been discussed several times in earlier units.

3. Assist parents in developing their own skills of setting instructional priorities, writing objectives, task analyzing a learning activity into small steps, training techniques, and maintaining data for home training purposes.

4. Utilize other professionals such as occupational therapists and language specialists whenever you feel unsure of the instructional content.

5. Provide a method for reinforcing parental efforts just as you would for students in the classroom. Parents are often already burdened by the pressures of having a developmentally disabled child in the family and need regular encouragement.

6. Involve the entire family whenever possible where home training techniques are taught. Such an arrangement enables the entire family to participate in the training activities which relieves the parents of the entire burden. A consistent approach by the family when working

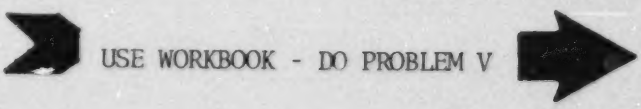
with the child can result from each one having knowledge of the training techniques. This approach may require you to spend an occasional evening or Saturday.

7. Center training sessions on one procedure at a time or around one specific problem.

8. Demonstrate procedures to be used and then have the parents practice with their child. Demonstration is most effective when provided to a single family unit at a time, but when not possible, keep the group small (not more than four or five families).

9. Determine who in the home are the best persons to conduct the home training. In some instances, neither parent is able to manage the training because of their work or emotional involvement. It may then become necessary for a relative, brother, sister, or possibly even the sitter to provide training. In all cases where a substitute trainer is used, it is important that this person attend the training sessions; however, the parents should always be included in progress reporting sessions.

The following exercise is designed to test the practical application of each principal.



Check Your Answers

Part A

T (F) 1.
T (F) 2.
T (F) 3.
T (F) 4.
(T) F 5.
T (F) 6.
(T) F 7.
T (F) 8.
T (F) 9.
(T) F 10.

Part B

Group #1:

a

(b)

c

Group #2:

a

(b)

c

Group #3:

a

b

(c)

Designing *and* Implementing A Home Training Program

The administrator is saying, "It is not difficult to design and implement a home training program. The steps are essentially the same as designing a student's individualized instructional program within the agency. The only difference is that you act more as a consultant than a direct instructional person.

"For review and discussion, I will write them on the chalkboard."

DESIGNING AND IMPLEMENTING A HOME TRAINING PROGRAM

1. *Determine student priority needs, goals, and terminal objectives.*
2. *Determine task analyzed program.*
3. *Prepare daily plans.*
4. *Instruct parents in training techniques and activities.*
5. *Supply parents with recording forms.*
6. *Maintain schedule of informal reporting sessions.*

While the administrator and staff are discussing the steps for setting up a home training program, we shall examine each one in more detail as well.

1. Determine Student Priority Needs, Goals, and Terminal Objectives.

The format developed by Padzensky and Gibson, in Program Implementation: A Minicourse in Instructional Planning for the Developmentally Disabled, can be used to list priority needs, goals, and terminal objectives. Samples of the appropriate forms are reproduced on the next two pages.

INDIVIDUALIZED PROGRAM PLAN
(Formerly referred to as General Planning Guide)

Learning Modalities - Specify individual's strong and weak modalities.

Learning Style - Specify individual's learning style.

Reinforcers - List reinforcers which are effective with the individual.

Priority Need - Specify priority needs of the individual.

Goal - Specify the goal related to the priority need. More than one goal may be written under each priority need.

Terminal Objective - Specify the terminal objective related to the goal. Only one terminal objective may be listed; however, write as many as necessary. If coded task-analyzed programs are being used, it is acceptable to specify only the code number of the terminal objective and a brief descriptive phrase.

NOTE: List the terminal objectives in the order in which the tasks are taught.

INDIVIDUALIZED PROGRAM PLAN
(Formerly referred to as General Planning Guide)

Name _____

Birthdate _____

School/Agency _____

Teacher _____

Level/Grade _____

Date _____

LEARNING MODALITIES: Strong _____

Weak _____

LEARNING STYLE: _____

REINFORCERS: _____

PRIORITY NEED: _____

Goal: _____

Terminal Objective: _____

Terminal Objective: _____

PRIORITY NEED: _____

Goal: _____

Terminal Objective: _____

Terminal Objective: _____

PRIORITY NEED: _____

Goal: _____

Terminal Objective: _____

Terminal Objective: _____

Usually this information is determined during the agency's interdisciplinary staffings of which the parent is a part, but can also be developed by the teacher (or direct instrcutional team) and the family. It will be helpful in terms of parental involvement if parents are encouraged to make suggestions about skills to be taught.

Many priority needs and goals can be established, but usually only one or two terminal objectives should be activated for home training purposes. This is especially true when you are just beginning to develop a home training program.

One copy of the form should remain in the current classroom record kept with the teacher and one copy goes home to the parents.

2. Determine Task Analyzed Program

Depending on the specific terminal objective, a modified task analyzed program for such skills as eating, toileting and dressing may be used. However, difficulties regarding home training problems often center on the social adjustment domain and an individual program may have to be designed. Regardless of how the program is determined, each step (subobjective) must be broken down into small parts that are easy to measure and record, and then written down in a logical training sequence. These steps should be discussed in detail with the parents and, where applicable, with the person providing the training. Always supply the parents with a copy of the task analyzed program and keep a copy in your own file for reference.

3. Prepare Daily Plans

The format developed by Padzensky and Gibson, for Program Implementation, can be used.

The form suggested is set up as a weekly schedule and maintains all the necessary data for record keeping. Be sure to keep in mind the student's strong modalities and learning styles when filling out the portions on reinforcers, equipment, materials, and specific instructional directions.

These forms are reproduced on the next two pages.

EXPLANATION OF DAILY PLAN FORM

Week of - Specify dates the plan is in effect, i.e., January 27-31, 1975.

Student Name - Specify student's real or code name.

Training Period (days and time) - Specify on which days of the week the objective is to be taught and the time of day, i.e., Monday through Friday, 10:00-10:20. If times vary, this should be noted.

Terminal Objective (T.O.) - Write the complete terminal objective or, if available, you may write only the code and descriptive phrase for the objective.

Program began - Specify the date when program begins. This would be the date when actual training on a subobjective (S.O.) or task (T.) begins after baseline assessment has been completed.

Baseline - Specify subobjective (S.O.) or task (T.) on which actual training begins after baseline assessment has been completed. It is not necessary to write out the complete objective if you are using coded or numbered task-analyzed programs; however, the entire task-analyzed program should be kept in the classroom.

Current Skill Level - Specify subobjective (S.O.) or task (T.) student is working on for each day of the week. It is not necessary to write out the complete objective if you are using coded or numbered task-analyzed programs. List the specific subobjective the student is working on for that particular day of the week. Do not try to estimate in advance where the student will be each day.

NOTE: The space beside each subobjective or task may be used for recordkeeping. This depends on how you are collecting data.

Example: Monday Task 1 +++ (3 succesful trials to criterion)

Tuesday Task 2 000 (3 unsuccessful trials)

Reinforcers - Specify what reinforcer is to be used.

Constant or Varied - Specify the schedule of how often reinforcers are to be given.

Equipment and Materials - Specify needed equipment and instructional materials.

Staff - Specify the names of those responsible for direct instruction and recordkeeping. Also specify other types of help, such as instructional aide, physical therapist, or technical consultation by specialists.

Place - Specify where instruction is to take place, e.g., in the gym, at table 1, in the study carrel, or at desk.

Grouping - Specify whether the student is to work individually or in a group. If the group work is indicated, list the members of the group.

Specific Instructional Directions - Specify training directions for the direct instructional person, e.g., teacher sits directly across desk from student, form board is placed in front of student, and so forth.

Home Training Plan - Specify parent follow-through, if any.

DAILY PLAN FORM

Training Period

days:_____ time_____

Terminal Objective:_____

_____

Program began:_____ Basline_____

Current Skill Level: Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

Reinforcer(s):_____

Constant_____ Varied_____

Equipment and Materials:_____

_____

Staff: direct instruction by:_____

recordkeeping by:_____

other by (list)_____

Place:_____

Grouping:_____

Specific Instructional Directions:_____

_____

Home Training Plan:_____

Week of:_____

Student Name:_____

4. Instruct Parents in Training Techniques and Activities

Once the task analyzed program has been determined, the trainer then needs to be taught the techniques and activities that will develop the desired skill.

WHEN WORKING OUT HOME TRAINING PROGRAM WITH PARENTS WHO ARE INEXPERIENCED IN THE PROCESS, SELECT A VERY SIMPLE PROCEDURE TO BEGIN WITH THAT PROMISES TO SHOW SUCCESS IN A SHORT PERIOD OF TIME.

One suggestion to ease parents into a willingness to provide home training is as follows:

1. Teach the skill at your agency until the child can do the task easily.
2. During a reporting session, have the child demonstrate the skill.
3. Suggest to the parent that the child should be able to do it at home but that they are needed to help in this process.
4. Then provide parents with the needed forms and techniques. In this manner, changes for success are enhanced. Various methods for training parents are presented in the next section.

5. Supply Parents with Recording Forms

Every person who is free to keep records of their own will do it differently; parents are no exception. If you do not choose to use the daily plan form suggested, you may either use the task analyzed form from Assaying Student Behavior which is excellent for determining a baseline. Develop other formats like those suggested in Assaying Student Behavior, pp. 4.2-4.8, the sample data keeping chart from Program Design, or use the daily planning form already discussed. (See Task Analyzed form from Assaying Student Behavior and sample data keeping chart.) Next, explain each form carefully and stress the importance of accurate information for charting progress. Be sure parents fully understand how to record data accurately. Numbers often frighten them, so keep it simple. Remember, forms are the process by which data is maintained and communicated. In situations where parents feel anxious about filling in forms, you may have to perform this chore for them. The important part of home training is accomplishing the desired behavior change in the child. Fill in forms yourself if this puts the parents at lease and enables them to be more effective behavior changers.

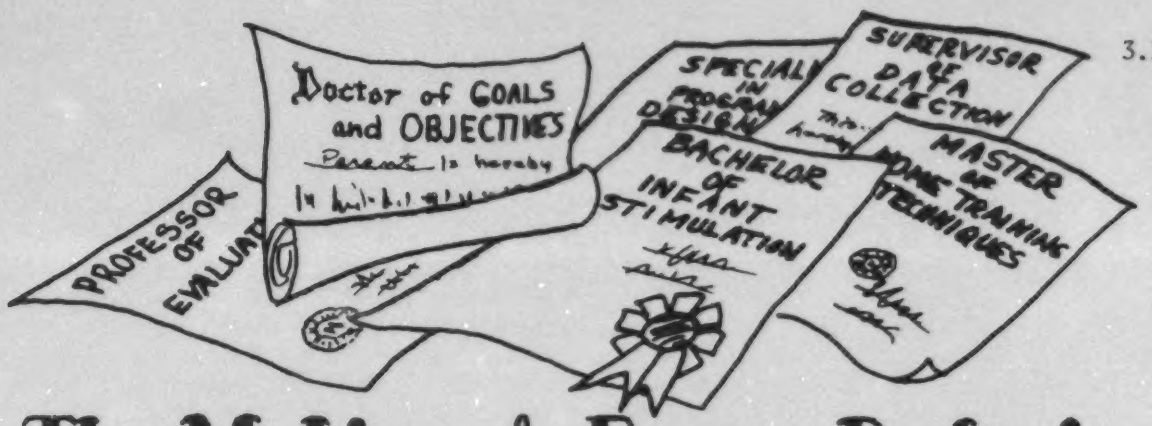
Suggestions to help parents learn specific home training techniques shall be discussed shortly.

Reinforcers should be determined in specific relationship to the home trainng plan being used. After determining appropriate reinforcers (positive or negative), establish a schedule for their use. Constant reinforcement should be used in the initial training stages to effect rapid behavior changes.

6. Maintain Schedule of Informal Reporting Sessions

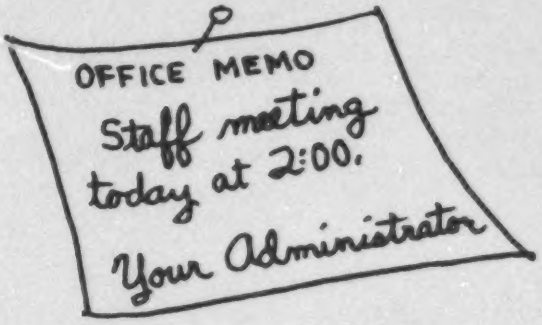
The dialy planning form, listed as step three on administrator's chalkboard, is a natural for having comminication with parents on a week-by-week basis. The teacher, by having this report, can review the child's progress and suggest a meeting to help parents through some particular problem area. Always keep in close contact with parents during any home training program; they need the help and encouragement.

These six steps are closely interrelated and must be developed as a total continuum. The success of the home training program will be proportionate to the attention given each of these steps.


Doctor of GOALS and OBJECTIVES
SUPERVISOR OF DATA COLLECTION
MASTER OF HOME TRAINING TECHNIQUES
BACHELOR OF INFANT STIMULATION
PROFESSOR OF EVALUAT

The Making of a Parent Professional

Instruction at home should mirror similar activities at the agency. You must feel confident of your own skill in the techniques being offered to parents such as record keeping, determining methods to make best use of a child's learning modalities and learning styles, techniques of behavioral management and use of reinforcers, writing goals and objectives, and setting up of task analyzed programs.



With this in mind, let's visit the administrator's staff meeting in which a discussion of the methods for helping parents learn the techniques of home training is in progress.

As the administrator entered the lounge, Ms. Teachem was saying to another teacher, "The thing that really bothers me about this home training business is the time it will take to show each parent how to train their child. I just don't see how that's possible."

The administrator interjected, "I couldn't help overhearing you, Ms. Teachem, and you have expressed a legitimate concern. Perhaps I can suggest some methods to help solve that problem."

He opened the staff meeting with the following statement:

"Once the areas of home training have been defined, it is necessary to instruct the parents in those techniques needed to train the child. Typically, you will find that several parents will need instruction in the same training area, such as, teaching of eating skills, infant stimulation, toilet training procedures, teaching of dressing skills, or some other common need area. It would be inefficient to teach each parent the same training procedures individually even though this may be necessary in certain instances. A number of very effective parent instruction procedures are available for the teacher's use. The teacher's knowledge of the parent's training needs should determine the approach used.

"Let's discuss some of these available methods."

Parents Learn by Classroom Observation and Participation

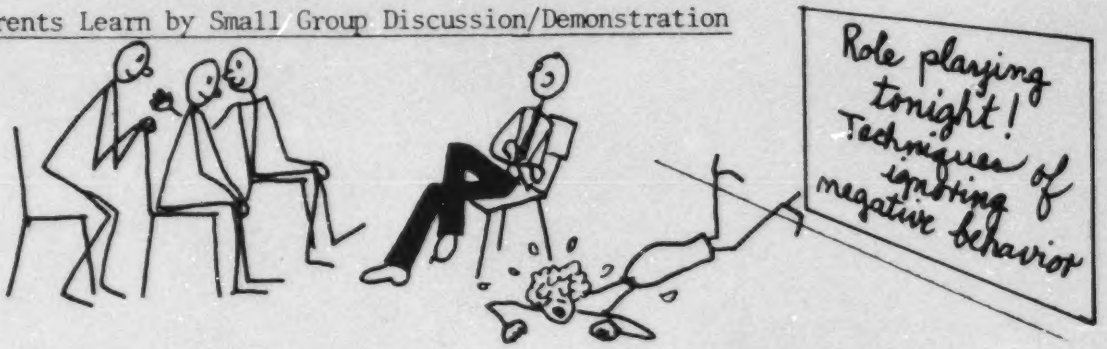
This method is effective for learning about a total program and can offer parents an instructional view of their child's skill. It has a second advantage of showing parents that there are many other developmentally disabled who have learning problems similar to those of their own child.

There are several problems with this method:

- observations are controlled.
- working parents cannot spend enough time in the classroom to learn the skills required for a home training program.
- parents may become too involved and, in some instances, are only displaying one of the reaction levels discussed earlier in the manual about parental reactions to having a developmentally disabled child.

- the parent may not realize that training objectives of the classroom can be different from those set for home training.
- sometimes the child reacts differently when the parent is observing.
- parents may feel like working with only their own child and thus limiting possible learning.

Parents Learn by Small Group Discussion/Demonstration



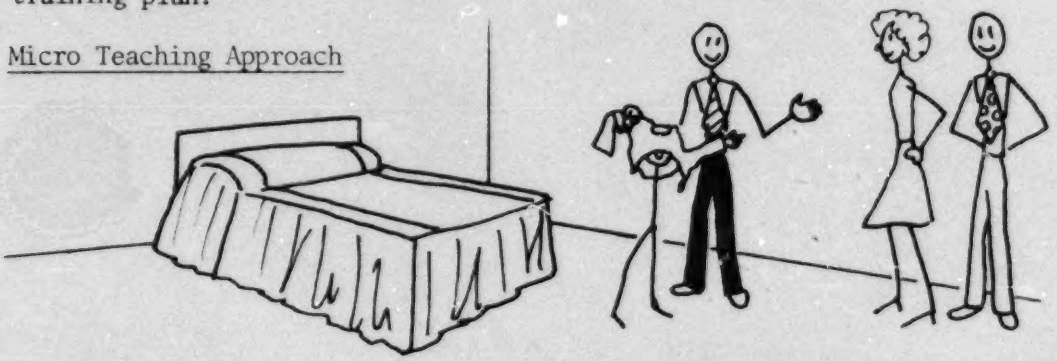
Probably the best reason for including this method is that there is always safety in numbers. Parents meeting together can talk about general problems and hear how others have met and solved similar problems without having to sit among a group of professionals who are, by necessity, pinpointing their individual child and their own child-rearing practices.

Many approaches can be used to make this an effective method. Use audiovisual material to show training techniques in action. (There are several excellent commercially developed materials - a few sources and titles are included in this Manual's bibliography.) Teachermade transparencies are especially good to demonstrate how to use the several reporting and data collection forms. Demonstrating a technique of behavior management with actual students is an excellent way of showing parents how to use this method of training. Actually involving parents through the use of role playing techniques allows them to experience the home training process in simulation. The instructor and the rest of the group can offer

suggestions for any needed changes.

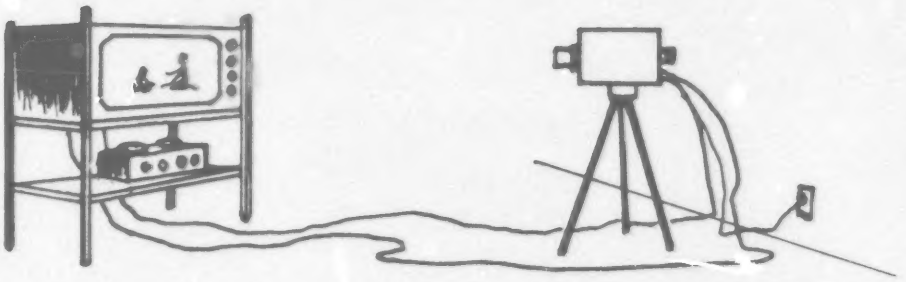
This approach does have some disadvantages and caution should be exercised before considering it to be the only method. A weak agenda will let the group discussion lapse into counseling sessions for which most of us are not trained to lead. Many films and other commercially developed materials are made for mass distribution and contain subject matter that is too general or does not always focus on your specific home training plan.

Micro Teaching Approach



This is by far the best method for teaching parents how to use home training techniques. The method is simple but requires working with only one family and one training problem at a time. First, demonstrate the techniques you want to use with the child. Then, have the parent repeat the same technique. This is followed by a discussion to answer any questions. Continue the process until you feel certain that the parents can effectively manage the program independently.

Videotape



If your agency is fortunate enough to have a videotape recorder, you are in possession of the most effective tool for helping parents learn home training techniques. It is easy to tape specific segments of each child's training program and demonstrate exactly how you wish parents to proceed. It is especially effective to combine this method with the micro teaching approach making it possible for parents to see and compare your demonstration with their performance. Videotape is also excellent for showing a technique to large groups of parents.

Time to stop and see what you have learned about designing and implementing a home training program and methods you can use for training parents.

USE WORKBOOK - DO PROBLEM VI

Check Your Answers

Part A

5

2

1

6

3

4

Part B

A 1.

D 2.

B 3.

B 4.

C 5.

Part C

(T) F 1.

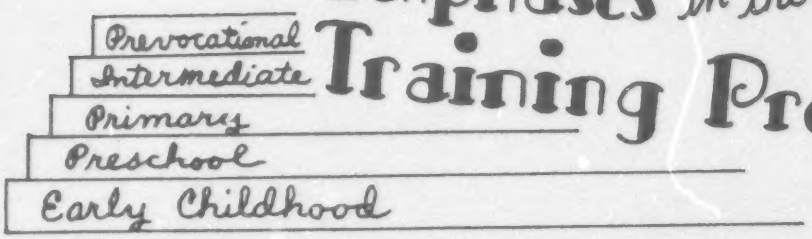
T (F) 2.

T (F) 3.

(T) F 4.

(T) F 5.

Developmental Level Emphases in the Home Training Program



In discussing training areas at various developmental stages, we will follow a grouping of early childhood, preschool, primary, intermediate and prevocational levels. Generally, these groupings are by chronological age but there are settings where the developmentally disabled are grouped according to developmental behaviors.

When reading this section, remember the emphasis on a particular program level must be considered only as general guidelines because any child's development will usually cut across more than one program level.

Early Childhood Level (0-3yrs.)

More and more professionals working with handicapped individuals are realizing the critical importance of identifying and remediating developmental lags. Where identification is easy to determine, training should begin almost immediately following birth. There is considerable research now available to support this effort.

Home training activities actually serve two purposes. The first is the positive effects of early stimulation to later learning potential. The second is the emotional assistance offered parents from a feeling of helplessness to a "I am doing something" attitude. When parents find success at this stage, later home training programs can be easily introduced with a resulting feeling that the entire family has benefited.

There are several devices which can be used to determine the extent of a developmental disability along with a complete physical and neurological examination. Following are references using the developmental milestones used in the basic knowledge training package by Padzensky, Ward, and Messman, Getting Acquainted with the Developmentally Disabled, as part of this training series. Any of the Gasel books of child development can also be used as a screening device:

The Portage Guide to Early Education. The Portage program assesses behaviors and developmental levels in the cognition, self-help, motor, language, and socialization areas. Responses in each area are recorded on a checklist which pinpoints specific behaviors within a developmental level. An accompanying color coded card file with five colors representing each of the five developmental areas gives step-by-step instructions on how to train for a specific behavior that needs to be developed. This is a well organized program that can be used by any teacher in formulating goals and objectives for a home training program for the early childhood youngster.

Developmental Skill Age Inventory Bayley Scale of Infant Development.

The Cattell Infant Scale.

Denver Developmental Screening Test.

Vineland Scale of Social Maturity.

Each of the suggested devices can help you assess the different developmental areas and provide a basis for determining individualized training priorities, goals, and objectives. Training activities at this level can usually be grouped into these areas:

1. Sensory Stimulation
2. Gross Motor
3. Vocalization and beginning communication
4. Self-help
5. Socialization and awareness of others

Basic equipment includes;

1. The entire family
2. Light, sound, and color
3. Toys
4. Loving, touching, and talking

Preschool Level (3-6yrs.)

The transition from early childhood to the preschool level is not clearcut when working with the developmentally disabled. The major difference is the increased emphasis on socialization and social adjustment skills. The same formal assessment devices listed in the early childhood section can be used to determine specific areas of weakness.

Most training of preschool level individuals is maintained at home although there are an increasing number of agencies who provide half-day programs. Because socialization and social adjustment skills are the priorities usually requiring a movement from one of

close family ties to interactions with fellow students and teachers, a closely coordinated effort between the home and agency is necessary.

Primary Level (6-10 yrs.)

Training at the primary level is often a very trying experience for a child no matter how much instruction has already taken place. Training in the home is entirely individualized and can be totally child-centered; however, the agency must set rules and regulations in which the student must learn to function, changing the training atmosphere from individual, child-centered to a group, children-centered concept. School hours, meals, and menus, curriculum materials and subjects, work output quality, and friends cannot be completely duplicated in the home environment. Regular communication, coupled with a home training program, remains a strong recommendation for an effective program.

The emphasis for home training at this level begins to move toward self-management and, depending on degree of child's disability, academic readiness. Some of the suggested activities are:

1. Use educational toys.
2. Play very simple games.
3. Work very simple puzzles.
4. Listen to stories and environmental sounds to develop auditory discrimination and memory.
5. Describe pictures.
6. Identify objects.
7. Follow simple commands.
8. Complete single tasks.
9. Stimulate speech and language.

An Added Note:

Some agencies have worked cooperative with parent groups to establish "toy and game banks." Toys and games are carefully selected and made available for loan to parents of early childhood, preschool, and primary age children. This is an especially important resource for parents in low income categories.

Intermediate Level (10-14yrs.)

At this stage, the area of training in the home and agency begins to prepare the child for community living. There should be continued effort to develop self-management skills as well. Several areas of training emphasis are:

Functional academic skills

- Money usage and management
- Reading
- Telling time
- Number concepts

Recreation and leisure time activities

Beginning vocational and daily living skills

It is suggested to use an index of learning skills such as the Colorado Department of Institutions, Division for Developmental Disabilities, Master Planning Guide (see bibliography in this manual). You may already have a list your agency is using which should include the followibg:

1. Develop skills in swimming, bowling, skating, etc., and provide opportunities for child to use these skills.

2. Participate in community recreational activities.
3. Attend parties with children of own age.
4. Help with simple household chores.
5. Know names of hand tools and how to use them.
6. Assist with food preparation.
7. Make purchases and help manage small amounts of money.
8. Learn proper clothing care and assume responsibility to take care of own clothes.
9. Develop appropriate grooming and personal hygiene skills.
10. Make choices and decisions.
11. Learn how to complete tasks of increasing complexity.
12. Familiarize self with the community services, i.e., by going to the store, post office, etc.

Prevocational Level (14 - 21 yrs.)

At this level the emphasis is to prepare for entry into a vocational area to live as independently as possible. Again, each individual will vary in his ability to attain these goals. For some individuals "vocational placement" may mean placement in a work activity program and for others it may mean competitive employment. Regardless of the level of attainment there are common learnings that must precede vocational placement; the same applies to independent living skills.

Following are suggested activities that can be included in the home training program which will assist the learner in these two areas:

1. Learn to accept criticism and change in routine.
2. Obtain simple employment opportunities to develop responsibility such as paper routes and lawn work.

3. Learn to travel within community via public transportation.
4. Develop good work skills such as learning to persist at a task, putting away items after task is completed, asking for help when necessary.
5. Learn functional signs necessary for work and community living.
6. Learn and follow safety procedures in home and community.
7. Learn to follow a schedule and use time telling skills.
8. Make food and clothing purchases.
9. Refine housekeeping skills.

Another area of considerable concern at this level is human sexuality education and heterosexual interaction. Rather than attempting to provide answers to these questions, resources will be included in the bibliography for guidance in this area.

While this unit has offered several suggestions for putting together a home training program, the ideas presented are only meant to stimulate your thinking. Every home training program offers its own unique problems. These suggestions are directed for use with parents who have reached the emotional level of acceptance to a great degree. You will have to vary your plan with a great deal of sensitivity toward parents and their personal concerns.

You are now ready to do Unit III assessment. Before doing this, study the Unit Objectives and Time for Review. Study any items you missed on the assessment and correct them in your workbook before going on to Unit IV.

Time for Review!

I. Principles underlying home training programs.

A. Early parent involvement fosters cooperation.

B. Involve parents in determining child's program plan.

C. Instruct parents in program implementation procedures and training techniques.

D. Utilize other professionals when necessary.

E. Reinforce parents efforts.

F. Involve the entire family in the program.

G. Center training around a single problem or one training procedure.

H. Have parents demonstrate mastery of training procedures.

I. Determine the best person to conduct the home training program.

II. The steps to follow in designing and implementing a home training program with the parents are:

A. Determine student priority needs, goals, and terminal objectives.

B. Determine task analyzed program.

C. Prepare daily plan.

D. Instruct parents in training techniques and activities.

E. Supply parents with recording forms.

F. Maintain schedule of informal reporting sessions.

III. Methods for instructing parents in training techniques:

A. Classroom observation and participation.

B. Small group discussion/demonstration.

C. Microteaching approach.

E. Videotape.

IV. Training emphases for various developmental levels:

A. Early childhood. (0-3 yrs.)

1. Sensory stimulation.
2. Gross Motor training.
3. Language stimulation.
4. Self-help skills.
5. Socialization.

B. Preschool Level (3-6 yrs.)

1. Maintain previously initiated training areas.
2. Stress socialization and social adjustment skills training.

C. Primary Level (6-10 yrs.)

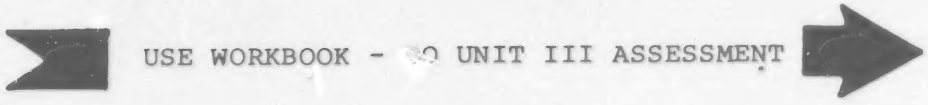
1. Stress self-management skills.
2. Academic readiness training.

D. Intermediate Level (10-14 yrs.)

1. Functional academics training.
2. Recreation and leisure time skills.
3. Beginning vocational and daily living skills.

E. Prevocational Level (14-21-yrs.)

1. Vocational training.
2. Independent living skills.



UNIT IV: COMMUNITY RESOURCES FOR THE DEVELOPMENTALLY DISABLED

Unit Goal

Individual is familiar with sources of information and procedures used for locating community resources that provide services to developmentally disabled individuals and their families.

Unit Objectives

1. Individual can define community resources.
2. Individual can list several sources to use for locating needed health services.
3. Individual can follow the procedure for locating resources in a Service Directory.
4. Individual can list several sources to use for locating needed educational services.
5. Individual can discuss an Information and Referral Service.

Unit Content

Getting a Perspective

Primary Sources for Locating Resources

How to Use a Service Directory

Colorado Association for Retarded Citizens (CARC) Information and Referral Center

Time for Review

Average Worktime

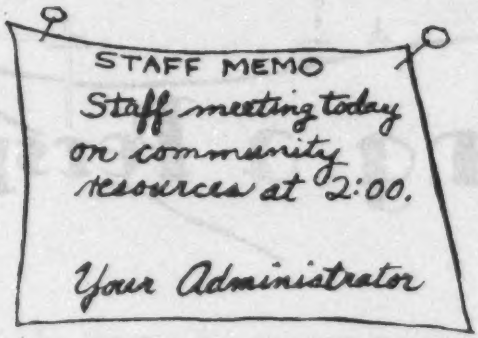
One Hour

Getting a Perspective

No single agency can provide 100 percent of all needed training for every one of their developmentally disabled clients. It is sometimes advisable to include other supportive agencies and individual professionals in the total program plan. Conversely, there may be times when your agency becomes the supportive agency. Both instances require the close cooperation between home and all involved agencies.

One hopes that following an interdisciplinary staff meeting, parents can go and locate any additional recommended resources for further assistance. But, this is not how it often happens.

Your agency may have to take the role of getting the parents into direct contact with the additional resource. And, as a teacher, you may have to assume this responsibility because of your rapport already established with the parents through conferencing, reporting, and other associations with them.



The administrator is just beginning a staff meeting to help teachers learn how to locate community resources. Let's listen in...

As the teachers entered the meeting, they saw the following definition:

COMMUNITY RESOURCES

Those public or private agencies, organizations, and individuals which provide services to the developmentally disabled person and/or family.

Ms. Teachem took one look. "I understand the definition but what I don't understand is why we are having a meeting about all this. I always thought it was the job of nurses, doctors, social workers, administrators and people like that to know about community resources. Why should we be concerned about this?"

The other teachers all nodded their agreement with Ms. Teachem's position.

The administrator was not ruffled. "Ms. Teachem, that is a fair question. I would like to list several reasons on the chalkboard explaining why you need to have a concern in this area."

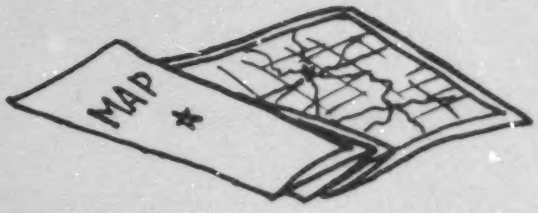
REASONS FOR ASSISTING PARENTS TO NEEDED RESOURCES

1. *No single professional knows all resources available for the developmentally disabled.*
2. *Any agency staff person serving the developmentally disabled has a responsibility to help the individual and family in every way, and this includes referral to needed services.*
3. *Some agencies do not have social workers to perform this task so other staff persons must fulfill this function.*
4. *Parents may choose to confide in the teacher because of confidence already established in that person.*
5. *You, as a teacher, have the most consistent contact with parents and therefore can discuss issues of seeking additional resources while reporting the child's learning progress and problems during conferences.*

"So what makes us more capable of remembering all the resources better than doctors and administrators? There are always new ones being formed and others are always changing their service offerings," responded Ms. Teachem.

"I understand your dilemma, Ms. Teachem," replied the administrator. "No one expects you to remember every resource. But, if you know how to find them, you can easily locate any type of service quickly.

"Today we will learn how to do this, so that when a parent asks a question about any needed resource, you can quickly inform them. I have several handouts for your reference and examination."



Primary Sources for Locating Resources

It is impossible to supply a specific plan for every situation since each state may have its own referral system. For the sake of simplicity, authors have chosen to use Colorado as a model since its population is both rural and urban.

Great care has been taken, however, to provide you with a method that is workable regardless of where you live and includes all necessary information to complete the workbook exercises.

ADMINISTRATOR'A HANDOUT NUMBER ONE

Many states and major metropolitan communities maintain a directory of health, educational, recreational, daycare, and volunteer services. The list is not always exhaustive, but does provide a starting point. The yellow pages of your phone book is a second resource possibility.

Following are listed some of the more common primary sources that can be used for locating needed resources. They are grouped into broad categories for easy references:

- Advocacy and Professional Organizations. These organizations are composed of parents, professionals, and other interested community people. Their purpose is to improve programs, provide service referral, develop legislation, and provide a media to disseminate new information and more effective techniques for working with the developmentally disabled.

A partial listing includes:

National Council for Exceptional Children (NCEC).
Interested in all areas of exceptional citizens including the gifted There are local, state, and student chapters in every state. Membership consists of professional educations but does include parents. Publishes several periodicals, with one to help parents, entitled For Parents of Exceptional Children.

National Association for Children with Learning Disabilities (NACLD). All states and many larger cities also have chapters. Their emphasis is on perceptual handicaps. Composed mostly of parents and interested people; there are many professionals who also belong.

American Association of Mental Deficiency (AAMD). Composed mainly of professionals ranging from doctors, social workers, and educators to psychologists. Their emphasis is on the more severely mentally handicapped. Each professional grouping has its own periodical with a quarterly journal entitled, Journal of Mental Deficiency.

National Association for Retarded Citizens (NARC). It is composed principally of parents and has a very comprehensive distribution of chapters throughout the United States. Their primary focus is on problems of the mentally retarded. NARC is active in disseminating information concerning the retarded, developing and influencing legislation, and improving and expanding services for retarded persons.

- Board of Cooperative Services (BOCS) or Regional Resource Centers. Serves several school districts, counties, or specific geographical regions within a state. Their services are usually directed at serving specific disabilities or age levels and function as supportive facilities for other service agencies.

- City Recreation Departments. Many of these departments cooperate with agencies serving the developmentally disabled to provide programs after school, weekends, and summers.

- County Governmental Offices. These include such agencies as mental health, social services, public health and the court related resources. They provide both direct and referral assistance.

- Easter Seal Society. This organization is included because it is a leader in providing summer camping experiences for the handicapped.

- Hospitals and Clinics. Their services offer medical information, evaluations and diagnosis, parent counseling, referral, and, depending on whether they are university connected, may offer a complete range of technical assistance programs.

- Local School Districts, Offices of Special Education. Serves any special education individual whose diagnosed disability matches that of the programs offered by that district. In some instances where programs are not offered, they are purchased from other resource agencies.

- Regional, County, and Local Services. Most agencies at this level provide direct services.

- State Government Offices. Each state varies in their designation of departmental offices which offer services to the developmentally disabled.

Department of Institutions. Usually services all needs of the moderately, severely and profoundly handicapped, not eligible for educational services.

Department of Education. Serves the school aged handicapped. In states where a distinction is not made between programs for the mildly, severely, and profoundly disabled persons, they may also function as administrators for training programs in residential facilities.

Department of Health. Responsible for all health related concerns of the disabled and family. They are also concerned with maintaining levels of care through the licensing of facilities.

Department of Social Services. (In some states, Department of Human Resources.) The range of services includes providing money to programs for the provision of direct services. They are an excellent resource for determining where one may find assistance in the local community or nearby communities.

Department of Vocational Rehabilitation. This service may be an independent office, part of social services, or within the department of education. Their responsibility ranges across all disabilities of work-aged individuals to provide occupational evaluation, counseling, and training.

- United Way (United Funds, etc.) Most United Way headquarters maintain an information and referral service to assist people in locating needed resources. If they do not have a referral service, they almost always maintain a list of the organizations and their services in that particular community.
- Universities and Colleges. Many universities offer various types of developmental research, diagnostic and training programs through their laboratory schools and student field experiences.

You may care to stop here and check you knowledge of what has been discussed before going on.

USE WORKBOOK - DO PROBLEM VII

Check Your Answers

Part A

1. ___a
   ___b
   ___c
   ___d
   ___e
   ✓f

2. ___a
   ✓b
   ___c
   ___d

3. ___a
   ___b
   ___c
   ___d
   ___e
   ✓f

Part B

1. a
   (b)
   c
   d

2. (a)
   b
   (c)
   (d)

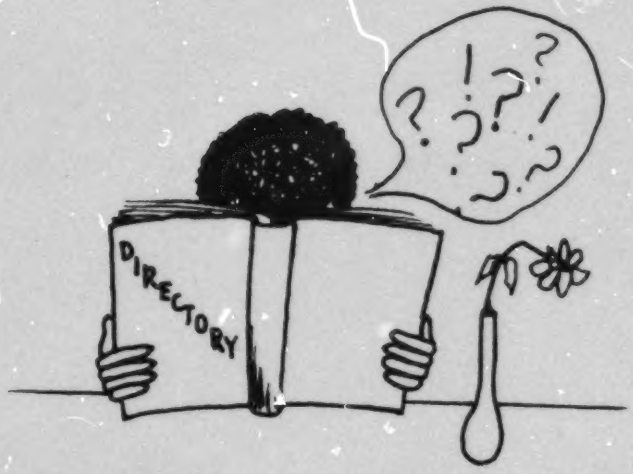
3. a
   b
   (c)
   d

Part C

T (F) 1.
T (F) 2.
T (F) 3.
T (F) 4.

(T) F 5.
T (F) 6.
(T) F 7.
(T) F 8.
(T) F 9.

How to Use A Service Directory



Knowing those agencies and organizations is one thing, but knowing which number to call is another. I think the teachers in the staff meeting are having similar feelings.

"I already know most of those places mentioned in 'Handout Number One'," sighed one of the teachers, "but that doesn't make me more confident to help parents locate the proper service."

"I believe the most logical place to begin would be to use a Directory of Service," responded Ms. Teachem.

"Beautiful, Ms. Teachem," smiled the administrator. "Since there is only one copy of the directory in our agency, I have prepared a series of handouts describing how to use the Colorado Directory of Services for Children. We will go through the step-by-step procedures for using this directory.

"For this I have some more handouts."

ADMINISTRATOR'S HANDOUT NUMBER TWO

USING THE COLORADO DIRECTORY OF SERVICES FOR CHILDREN

This directory lists 301 agencies providing services to children throughout the state. It is a compendium of nonprofit outpatient clinics, school programs, recreational programs, residential and day care programs, as well as numerous volunteer services for children with a variety of problems. It contains three sections to enable one to locate the needed resource:

1. A cross index of the agencies according to the services provided. (These shall be considered as problem areas for our learning purposes.)

2. An alphabetical listing of agencies providing:
   a. A listing of services available to developmentally disabled children and their families. Even though the title says "services for children," the agencies normally provide a range of services that extend into the family.

   b. A description of the professional staff.

   c. Methods of referral.

   d. A description of services offered.

   e. Days and hours of operation.

   f. Fee schedule and charges (if any).

3. A regional listing of agencies for the entire state of Colorado.

"This is the basic information about the directory," said the administrator.

"But I still don't see how I would use the directory," said Ms. Teachem. "How would I begin to find an agency or organization to refer a parent to for a particular problem?"

The administrator answered, "Handout Number Three lists all the problem areas in the directory. We first select the area. Then we find the page number under that area to determine all agencies and organizations associated with that type of problem."

For illustration the administrator has chosen mental retardation as the problem area.

Problem ? ? ? ? ? ? ? ?

A family with a ten-year-old mentally handicapped child has just moved to Denver from a small city in Wyoming because of the variety of available services. The parents have contacted your agency for training services and the child is temporarily placed in your program. During the last reporting session with the parents, the question arose regarding a comprehensive evaluation to be sure the current placement is suitable. The following two questions must be answered to gain the needed information:

Where should the parents go?

What is the best service for the least cost?

Solution

You looked in the directory of services and found the listing "Mental Retardation." (See circled entry)

In the index of problem areas, provided in the administrator's Handout Number Three, are about five pages of possible agencies serving the mentally retarded.

ADMINISTRATOR'S HANDOUT NUMBER THREE

Problem Areas Listed
in the
Colorado Directory of Services

Abortion
Adoption
Allergy Problems
Arthritis (See Physically Handicapped)
Asthma (See Respiratory Diseases)
Birth Control (See Family Planning)
Birth Defects
Blind (See Visually Handicapped)
Blood Diseases
Broken Homes
Cancer (See Tumor)
Cerebral Palsy (See also Physically Handicapped)
Child Abuse
Child Health Conference
Cleft Palate
Communicable Disease Control
Cystic Fibrosis
Deaf (See Hearing Handicapped)
Dental Problems
Developmental Problem (See Mental Retardation)
Dermatology Problems
Diabetes
Drug Addiction & Abuse (See also Emotionally Disturbed)
Neurology Problems
Nutritional Problems
Orthodontic Problems (See Dental Problems)
Orthopedic Problems (See Physically Handicapped)
Phenylketonuria (See Metabolic Diseases)
Physically Handicapped
Poisoning
Polio (See Physically Handicapped)
Respiratory Diseases
Educationally Handicapped exclusive of Mental Retardation
Emotionally Disturbed
Endocrine Problems
Epilepsy
Family Planning
Financial Problem
Gastro-Intestinal Difficulties
Genetic Diseases
Hearing Handicapped
Heart Disease
Hemophilia
Immunization (See Med. Care General - Child Health Conference)
Juvenile Delinquency
Kidney Diseases
Leukemia (See Tumor)
Maternity Care
Medical Care, General
Mentally Disturbed (See Emotionally Disturbed)
Mental Health (See Emotionally Disturbed)
Mental Retardation
Metabolic Diseases
Muscle Diseases
Speech/Language Handicapped
Spina Bifida (See also Physically Handicapped)
Surgical Care
Tuberculosis (See Respiratory Diseases and Communicable Disease Control)
Tumor
Unemployment
Unwed Mothers
Visiting Nurse Service (See Medical Care, General)
Visually Handicapped
Well Baby Care (See Child Health Conference)

Solution (Continued)

Under the subheading "Evaluation" (see *) in the administrator's Handout Number Four are several agencies located in the Denver area (see check marks).

MENTAL RETARDATION — Page

Assistance:
- Clipped Wings, United Air Lines Stewardess Alumnae, Inc. . . . 97
- Colorado State Department of Institutions-Division of Mental Retardation 124
- Denver Junior Chamber of Commerce 144

Counseling, Genetic:
- Children's Hospital Developmental & Evaluation Clinic 91
- Colorado Department of Health 112
- Denver General Hospital Developmental Evaluation Center . . . 139
- University of Colorado Medical Center-John F. Kennedy Child Development Center 187

Counseling, Psychological:
- Adams County Mental Health Center 81
- Arapahoe Mental Health Center, Inc. 82
- Auraria Community Center 83
- Beacon Developmental Center 84
- Boulder County Developmental Evaluation Clinic 85
- Broomfield Foundation for Retarded Children 86
- Children's Hospital Developmental & Evaluation Clinic 91
- Child Study Center 96
- Colorado Department of Health 112
- Colorado State Department of Institutions-Division of Mental Retardation 124
- Denver General Hospital Developmental Evaluation Center . . . 139
- Fitzsimons General Hospital Child Guidance Clinic 149
- Foothills Activities Center, Inc. 152
- Laradon Hall Training & Residential Center for the Retarded . 161
- Larimer County Mental Health Center 161
- Northwest Colorado Mental Health Service 169
- Pueblo Mental Evaluation Clinic 174
- Scharen Ruhe, Inc. 179
- Sopris Mental Health Clinic, Inc. 181
- State Home & Training School-Grand Junction 183
- State Home & Training School-Wheat Ridge 183
- University of Colorado Medical Center-John F. Kennedy Child Development Center 187

Counseling, Vocational:
- Beacon Developmental Center 84
- Colorado Department of Education-Pupil Personnel Unit 100
- Colorado State Department of Institutions-Division of Mental Retardation 124
- Goodwill Industries of Denver 155
- Goodwill Industries of Grand Junction 156
- Goodwill Industries of Southern Colorado 156
- Hope Center for the Retarded 158
- Laradon Hall Training & Residential Center for the Retarded . 161
- Pueblo Diversified Industries 174
- Pueblo Goodwill Industries 174
- Rehabilitation Services Center 175
- Sheltered Workshop 180

Day Care:
- Auraria Community Center 83
- Broomfield Foundation for Retarded Children 86

Education, Child:
- Beacon Developmental Center 84
- Broomfield Foundation for Retarded Children 86
- Colorado Department of Education-Pupil Personnel Unit 100
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- Hope Center for the Retarded 158
- Jewish Community Centers of Denver 160
- Laradon Hall Training & Residential Center for the Retarded . 161
- Longmont Tiny Tim Center 162
- Melvin School 163
- North Broadway School 168
- Rocky Mountain Rehabilitation Center 177
- Scottdale for Children 179
- Sedgwick County Training Institution for Exceptional Children. 180
- State Home & Training School-Grand Junction 183
- State Home & Training School-Wheat Ridge 183
- Steele Community Center 183
- University of Colorado Medical Center-John F. Kennedy Child Development Center 187

Education, Public:
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- Colorado Association for Retarded Children (CARC) . . . 98
- Colorado State Department of Institutions-Division of Mental Retardation . . . 124
- Easter Seal Society for Crippled Children & Adults of Colo.,Inc. 146
- Pueblo Diversified Industries . . . 174
- University of Colorado Medical Center-John F. Kennedy Child Development Center . . . 187

Education, Vocational:
- Colorado Department of Education-Pupil Personnel Unit . . . 100
- Colorado State Department of Institutions-Division of Mental Retardation . . . 124
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- Boulder County Developmental Evaluation Clinic . . . 85
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- / Children's Hospital Developmental & Evaluation Clinic . . . 91
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- / Laradon Hall Training & Residential Center . . . 161
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- Montrose County Mental Retardation Board, Inc. . . . 130
- Northeast Colorado Mental Health Clinic . . . 168
- Northwest Colorado Mental Health Service . . . 169
- Pikes Peak Family Counseling & Mental Health Center . . . 171
- Pueblo Mental Evaluation Clinic . . . 174
- Pueblo Therapy Center, Inc. . . . 175
- Rehabilitation Services Center . . . 175
- Sopris Mental Health Clinic, Inc. . . . 181
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Occupational Therapy:
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- Broomfield Foundation for Retarded Children . . . 86
- Colorado State Department of Institutions-Division of Mental Retardation . . . 124
- Denver General Hospital Developmental Evaluation Center . . . 139
- Easter Seal Society for Crippled Children & Adults of Colo.Inc. 146
- Foothills Activities Center, Inc. . . . 152
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Scharen Ruhe, Inc. 179
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Sedgwick County Training Institution for Exceptional Children . 180
State Home & Training School-Grand Junction 183
State Home & Training School-Wheat Ridge 183
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Colorado Department of Education-Pupil Personnel Unit 130
Sheltered Workshop:
Foothills Activities Center, Inc. 152
Four Corners Sheltered Workshop 154
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Goodwill Industries of Grand Junction 156
Goodwill Industries of Southern Colorado 156
Laradon Hall Training & Residential Center for the Retarded . . 161
Pueblo Diversified Industries 174
Sheltered Workshop 180
State Home & Training School-Wheat Ridge 183
Speech & Language Therapy:
Beacon Developmental Center 84
Broomfield Foundation for Retarded Children 86
Colorado State Department of Institutions-Divison of Mental Retardation 124
Denver General Hospital Developmental Evaluation Center 139
Easter Seal Society for Crippled Children & Adults of Colo., Inc. 146
Foothills Activities Center, Inc. 152
Hope Center for the Retarded 158
Laradon Hall Training & Residential Center for the Retarded . . 161
Longmont Tiny Tim Center 162

Melvin School 163
North Broadway School 168
Pueblo Therapy Center, Inc. 175
Rocky Mountain Rehabilitation Center 177
State Home & Training School-Wheat Ridge 183
University of Colorado Medical Center-John F. Kennedy Child Development Center 187

Transportation:
American Red Cross 82

Treatment:
Colorado Department of Health 112
Denver General Hospital Progress Clinic 143
Fitzsimons General Hospital Pediatric Neurology Clinic 151

Volunteer Services:
American Red Cross 82
Clipped Wings, United Air Lines Stewardess Alumnae, Inc. . . . 97
Colorado Associations for Retarded Children (CARC) 93
Denver Junior Chamber of Commerce 144

Solution (continued)

The next step is to read each possibility and narrow the listing. Do not always trust your memory for these facts. A mistake may make the parent lose confidence in your skill as a professional.

The administrator Handout Number Five is a possible recommendation to offer the parent. The evaluation is comprehensive, the service is free, and walk-ins are accepted.

ADMINISTRATOR'S HANDOUT NUMBER FIVE

NAME:	UNIVERSITY OF COLORADO MEDICAL CENTER JOHN F. KENNEDY CHILD DEVELOPMENT CENTER
ADDRESS:	4200 East Ninth Avenue Denver 80220
PHONE:	394-8407 - 394-7386 COUNTY: Denver
SERVICES:	Comprehensive evaluation and treatment for children with mental retardation and other developmental problems; consultation with community agencies; multidisciplinary training programs.
PROF. STAFF:	Pediatricians, psychologists, nutritionists, public health nurses, social workers, educational specialists, speech therapists, physical therapist, occupational therapist, plus other specialists and laboratory facilities as needed from the University of Colorado Medical Center.
ELIGIBILITY:	Any child under 12 years of age with developmental problems living in the Rocky Mountain Region. Priority placed on pre-school age and underprivileged children.
TIME:	Daily.
REFERRAL	Anyone may refer a child by phone, letter, or walk-in. Inquiries should be directed to the Intake Worker. Decisions regarding selection of patients for service made by professional staff.
FEE:	No fees for diagnostic evaluation. Sliding scale fees for some types of treatment. Donations accepted.

"Wow! This is really neat," exclaimed Ms. Teachem. "If I had known it was this easy to locate resources, I could have helped several parents instead of suggesting that they talk with our social worker.

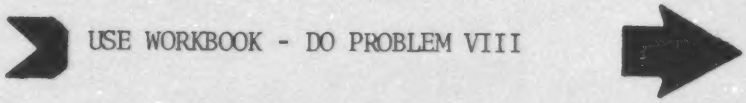
"Can we try one on our own?"

The administrator's eyes twinkled, "You are reading my mind. Let's see if you can help a person living in a rural area using the directory as a guide."

We have provided you readers with the same problem. Let's see how well you can do. For our purposes, it will be better to examine a regional listing for resources in order to find a full range of possibilities.

An Added Note

In concluding this section on the Service Directory, attention will again be called to the real advantage of a Service Directory, i.e., you are able to accurately direct the parent to a needed resource without randomly sending him from person to person or from agency to agency.



Check Your Answers

Part A

1. Garfield
2. Eagle, Mesa, Pitkin, Summit

Part B

1. Sopris Mental Health Clinic, Inc.
2. Garfield County Nursing Service (Colorado Department of Health)

   or

   Garfield County Department of Public Welfare (Colorado State Department of Social Services)

Part C

1. Psychiatrist or Psychologist.
2. Sopris Mental Health Clinics, Inc.
3. Both agencies.
4. a. Either agency.

   b. Social worker.
5. Department of Social Services (Department of Public Welfare).

CARC Information & Referral Project

"This sure seems like a lot of work to me," grumbled one of the teachers. "And besides, how do I know that the available agencies list is current? Isn't there somewhere I can telephone to get up-to-date information or just have the parents themselves call?"

"Yes, believe it or not, that will be possible soon in many states," smiled the administrator. "I have prepared a final handout for your professional notebook that explains an Information and Referral service for Colorado that utilizes the telephone as the major contact method."

This handout is being included for your reference and placement in your professional notebook since it explains a convenient and effecient way for you to locate needed resources.

ADMINISTRATOR'S HANDOUT NUMBER SIX

Colorado Association for Retarded Citizens
Information and Referral Project

Perhaps the most useful and comprehensive source of information regarding services available for the developmentally disabled and their families is a system being developed by the Colorado Association for Retarded Citizens. This system is CARC's Information and Referral Project which will be operational in the near future. The purpose of this project is to set up a state-wide directory which will include a complete listing of agencies providing many facets of service for developmentally disabled persons in Colorado. This list is to be up-dated monthly.

Indexing in the Information and Referral Directory will be comprehensively organized for simple reference with cross-referencing and alphabetical, categorical, informational, and regional listing. Agencies which are governed by a board of directors or are licensed by the State will be included.

It is also anticipated that a statewide, toll-free number, to be listed in the telephone directories as "Services for the Handicapped" will be available in conjunction with the Information and Referral Services Directory. This toll-free line will be operational by August 1, 1975.

When this system becomes operational, it will be the most centralized and easily accessible source of information in Colorado.

Sources such as the Directory of Services for Children and the CARC Information and Referral Project may not be available in every state; however, both of these systems can serve as excellent models for states developing centralized systems for catologing services and resources available to developmentally disabled persons and their families.

We have also listed several national organizations with addresses serving the developmentally disabled in Appendix A of this manual. They can be very helpful to you in locating local chapters in your state.

Congratulations, you have just completed Unit IV. You are now ready to do the Unit IV Assessment. However, before going to the assessment, study the Unit Objectives and Time for Review. Study any items you missed on the assessment and correct them in your workbook before going on to Unit V.

Time for Review

I. Community Resources defined:

Those public or private agencies, organizations, and individuals which provide services to the developmentally disabled person and/or family.

II. Sources for Locating Resources

A. Hospitals and Clinics

B. State Government Offices

C. Regional, County, and Local Services.

D. United Way (United Fund)

E. City Recreation Departments

F. Universities and Colleges

G. Advocacy and Professional Organizations

III. Steps to Follow in Using a Service Directory

A. Identify problem area.

B. Use page number(s) given by problem area to locate agencies providing needed services.

C. Select most suitable agency(s) for referring purposes.

IV. CARC Information and Referral Service

A. Provides a cross-referencing system for listing agencies and services.

B. Service referral system available to all types of developmentally disabled persons.

C. Toll free telephone number will serve all areas of state.

USE WORKBOOK - DO UNIT IV ASSESSMENT

UNIT V: SO, LET'S SEE HOW IT ALL WORKS

Unit Goal:

Individual can utilize the knowledge gained in Units I through IV to formulate and implement a home training program.

Unit Objectives:

1. Individual can state the role of the direct instruction staff in developing a home training program.
2. Individual can utilize, in proper sequence, the four basic forms for developing a home training program.
3. Individual can explain how pertinent information from an interdisciplinary staffing summary is used in developing a home training program.
4. Individual can identify the principles involved at progressive stages of home training program development and implementation.

Unit Content:

A Case Study.

The First Step.

The Second Step.

The Third Step.

The Last Step.

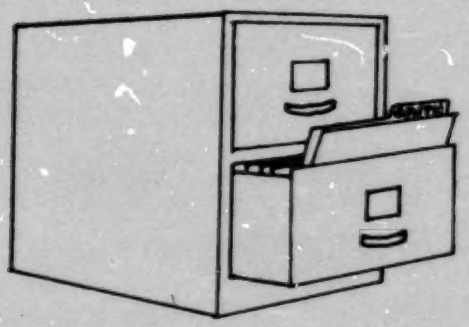
And, Finally, We Have Done What?

Time For Review

Average Worktime:

30 minutes

A Case Study



In this unit a case study will be presented which will follow a home training program through its various stages of formulation and implementation. This study will show how the principles of conferencing, reporting, and the use of community resources are integrated and utilized in the home training program.

You will be observing the process from the viewpoint of the occupational therapist who is coordinating a home training program for a moderately retarded child enrolled in a community based training center.

The first information the therapist receives regarding the child is included in the Interdisciplinary Staffing Summary (reproduced from Program Design: A Minicourse in Instructional Planning for the Developmentally Disabled by Padzensky and Gibson, p. 8.15). The Interdisciplinary Staffing Team is the group of professionals involved in making long term and short term decisions regarding the child. It is their function to review all pertinent medical, psychological, social, and educational information and determine priority needs, establish long and short term plans, and state goals and terminal objectives for the child's program. The summary report stated a need for a home training program and the parents have agreed to participate.

Since the parents were involved in the interdisciplinary staffing discussions, they have had an opportunity to express their concerns about their child's training needs. This report has now been sent to your agency for development of a training program.

The parents are included as part of the direct instruction staff to develop objectives relating to the home training program. Four documents resulting from this session useful to the parents are the Direct Instruction Staffing Summary, the Individualized Program Plan, the Daily Plan Form, and a Task Analyzed Program. Each of these forms contains information specifically relating to the home training program; a copy of these forms should be placed in the current classroom record and a copy given to the parents. Completed sample copies of these documents are presented on the following five pages so you can see the continuity of program development. A sample of the Interdisciplinary Staffing Summary is also included.

INTERDISCIPLINARY STAFFING SUMMARY (SAMPLE)

CLIENT'S NAME: Sally Smith

FORMAL TESTING: Adaptive Behavior Scale Level II

Other standardized test results indicate that the individual is functioning in the upper range of moderate retardation.

PHYSICAL: No physical or medical disability

No special diet

*PARENT PERMISSION: Can take all planned field trips,

Personal data can be used for research purposes provided there is no identification of the child.

SHORT TERM PLAN:

Priority Needs

Physical Skills Domain

Develop eye-hand coordination

Mental Skills Domain

Develop self-help skills - Initiate home training program

Develop pre-academic skills

Social Adjustment Skills Domain

None

Combination of Domains

None

Goals and Terminal Objectives

(In actual practice goals and terminal objectives would be written in this section. Since several of them already were included in the General Planning Guide, because of space limitations, these goals and objectives were deleted here.)

STAFF INVOLVEMENT: Needs special physical motor specialist

May need language specialist

PLACEMENT: Level I, primary classroom

*Parent permission slips are kept in the cumulative record.

INDIVIDUALIZED PROGRAM PLAN

Name *Sally Smith*

Birthdate *8/21/67*

School/Agency *Larkspur School*

Teacher *Ms. Teachem*

Level/Grade *Level I, Primary*

Date *August 18, 1974*

LEARNING MODALITIES: Strong *Auditory and tactile-kinesthetic*

Weak *Visual*

LEARNING STYLE: *Conforming*

REINFORCERS: *Small pieces of apples, peanuts, television*

PRIORITY NEED: *Develop self-help skills*

Goal: *Sally will attain independent functioning in dressing skills.*

Terminal Objective: *Given a piece of material with a button in buttonhole, Sally will, four out of five trials for three consecutive days, grasp the fastened button and push it through the hole until the button and buttonhole are completely separated.*

Larkspur School

Direct Instruction Staffing Summary

Date *August 28, 1974*

Name of Student *Sally Smith*

Persons Present:

Ms. Teachem - Teacher

Ms. White - Instructional Aide

Mr. Brown - Speech/Language Specialist

Mr. Straight - Occupational Therapist

Mr. Strong - Recreation Specialist

Mr. and Mrs. Smith - Parents

This staffing was held for the purpose of developing daily program plans for Sally Smith. The parents worked cooperatively with the staff to develop subobjectives to meet the terminal objectives stated for Sally in the Individualized Program Plan. The daily and weekly time schedules, materials and equipment to be used, and the responsibilities of each staff person were discussed and determined.

Mr. and Mrs Smith expressed concern over Sally's inability to manipulate common accessories in the dressing process, e.g., buttons, zippers, buckles, snaps, etc. Mr. and Mrs. Smith agreed to participate in a home training effort to help Sally develop this skill. Mr. Straight agreed to meet with Mr. and Mrs. Smith on August 30 at 1:00 p.m. to help them develop a task-analyzed program for buttoning skills and to demonstrate training techniques through the microteaching method. Mr. Straight will be the primary contact with the Smiths for the home training program.

Ms. Teachem
Recorder

DAILY PLAN FORM

Training Period

days: *daily* time: *4:30-4:40 p.m.*

Terminal Objectives: *Given a piece of material with a button in a buttonhole, Sally will, four out of five trials for three consecutive days, grasp the fastened button and push it through the hole until the button and buttonhole are completely separated.*

Program began: *September 12, 1974* Baseline: *Sept. 9, 1974*

Current Skill Level: Monday *Baseline Data*

Tuesday *Baseline Data*

Wednesday *Baseline Data*

Thursday *Begin Program S. O. 1*

Friday *S. O. 1*

Reinforcer(s): *Peanuts or pieces of apples.*

Constant *For each success* Varied

Equipment and Materials *Pieces of cloth with buttonhole and attached button.*

Staff: direct instruction by: *Parents*

recordkeeping by: *same*

other by (list): *Total program supervised by Mr. Straight.*

Place: *Home*

Grouping: *Sally and parent doing training*

Specific Instructional Directions: *Be sure Sally is concentrating on task and say "unbutton" each time she is to unbutton.*

Home Training Plan: *Teach Sally unbuttoning skills.*

TASK ANALYZED PROGRAM

Mental Skills: Unbuttoning

Terminal Objective: Given a piece of material with a button in a buttonhole, Sally will, four out of five trials for three consecutive days, grasp the fastened button and push it through the hole until the button and buttonhole are completely separated.

Domain: Mental Skills

Equipment and Materials: Cloth with buttonhole and attached button.

Conditions: No special conditions.

Criterion: Success in four out of five trials for three consecutive days before progressing to next task.

Chaining Procedure: Forward

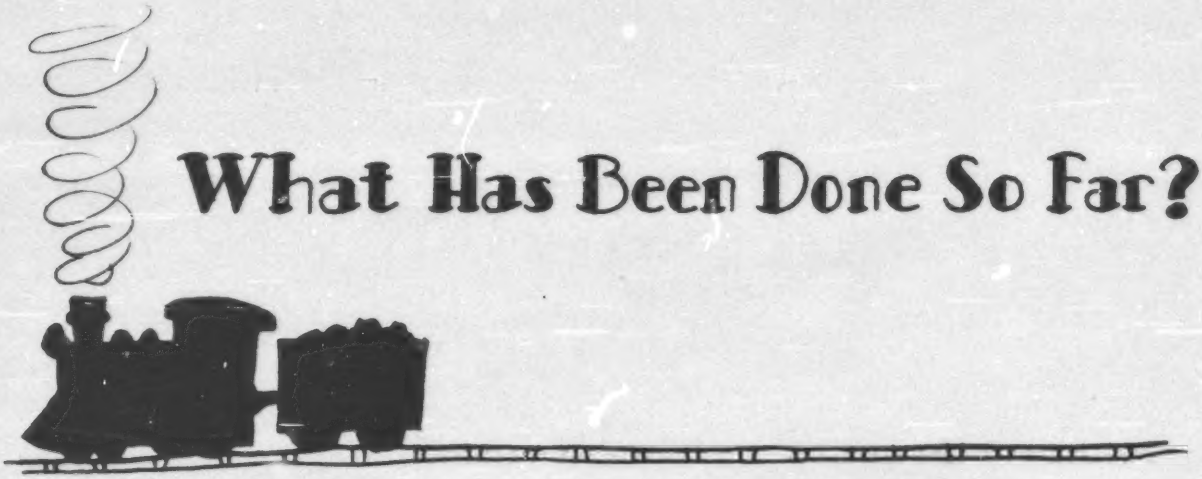
Entry Level Skills (E.L.S.)

1. Sally can grasp and hold small object between thumb and finger.
2. Sally can understand the word "unbutton" and knows what is expected.
3. Sally can model instructor's actions for unbuttoning.

Subobjectives (S.O.):

1. Sally can grasp button between thumb and finger.
2. Sally can grasp side of material containing buttonhole with other hand.
3. Sally can push button through buttonhole.
4. Sally can guide button out of hole with other hand.
5. Sally can guide button away from buttonhole so that button is separated from buttonhole.

What Has Been Done So Far?



At this point we should look in retrospect and see which principles have been followed thus far.

1. The parents were involved at the Interdisciplinary staff level and given an opportunity to express concerns about the child's training needs.
2. The parents were involved in the objective writing stage of program planning.
3. The parents were given forms stating their exact area of responsibility in the home training area.
4. The parents were given a task-analyzed program for their home-training area.
5. Several major functions of the Fall reporting formal sessions were fulfilled.

The Second Step

Two documents illustrating the next step in our continuum are presented on the next two pages. They are:

1. Mr. Straight's parent conference report.
2. Data recording sheet for home training program.

Larkspur School

Parent-Conference Report

Date *August 30, 1974* Student *Sally Smith*

Parents *Mr. and Mrs. Smith* Instructor *Mr. Straight*
or Guardian

This meeting with the Smiths was for the purpose of instructing them in the techniques for training Sally in unbuttoning skills. The microteaching method of instructing the parents was used. The parents were given the appropriate form for recording Sally's progress with instructions as to how to use the form.

I assisted the parents in evaluating Sally's entry level skills; she possessed the necessary skills to enable the parents to begin training on subobjective #1 when they begin the program on September 12th.

A short videotape of Sally's current functioning level was filmed for future comparison.

Mr. and Mrs. Smith were very cooperative.

Mr. Straight

Occupational Therapist

5.13

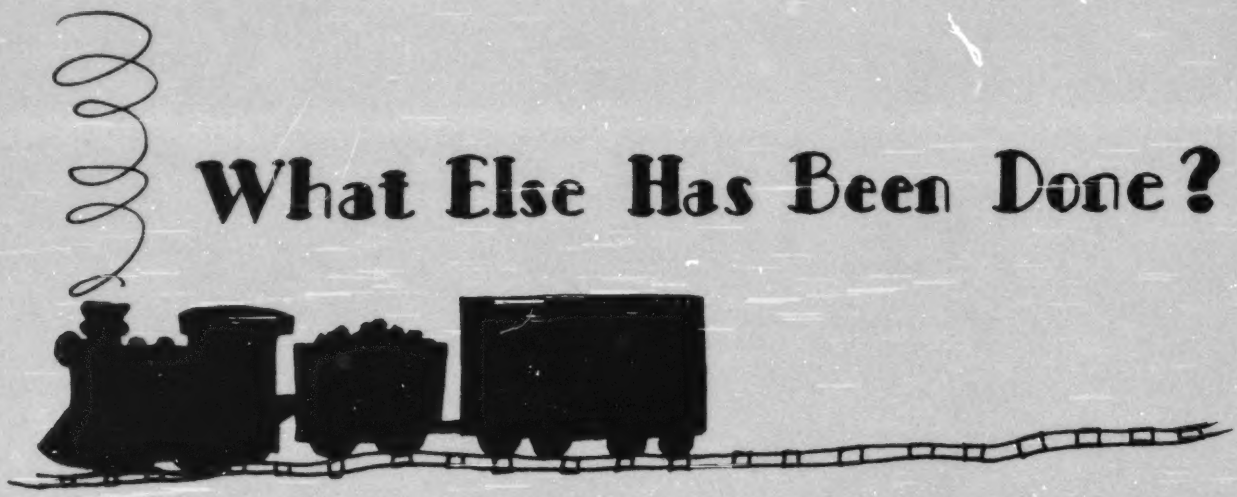
DATA RECORDING FORM

Name *Sally Smith*

Program *Mental Skills-Unbuttoning*

Week of	Monday	Tuesday	Wednesday	Thursday	Friday
Sept. 9-13, 1974	*E.L. 1 ++++ E.L. 2 ++++ E.L. 3 ++++ S.O. 1 +++ S.O. 2 0000+*	*E.L. 1 ++++ E.L. 2 ++++ E.L. 3 ++++ S.O. 1 +0++0*	*E.L. 1 ++++ E.L. 2 ++++ E.L. 3 ++++ S.O. 1 ++0+0*	*Begin Program S.O. 1 ++++*	*S.O. 1 ++++*
Sept. 16-20, 1974					
Sept. 23-27, 1974					
Sept. 30 Oct. 4, 1974					
Oct. 7-11, 1974					

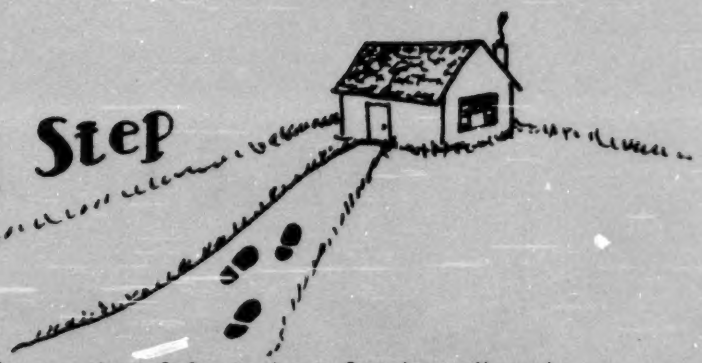
What Else Has Been Done?



By this stage of program development, the agency staff have involved a number of other principles in their interaction with the parents. Let's identify them:

1. Mr. Straight has become the "communication link" through which home training problems can be handled.
2. The parents have been instructed in the techniques for training Sally.
3. The parents were given data recording forms and appropriate instructions.
4. Only one training area has been undertaken by the parents.

The Third Step



As Sally progressed through the months of September, October, November, and December additional terminal and subobjectives were cooperatively formulated by Mr. Straight and the parents in the dressing skills area. The Daily Plan Form was used to record these changes. Mr. Straight reevaluated the home training program with the Smiths at the mid year progress reporting session and filed a copy of this report in the Current Classroom Record; a copy of this report is included for your inspection.

Mr. Strong, the recreation specialist, filed a short note regarding a conversation with the Smiths which became significant because it required follow-up. This note is presented for your examination.

Larkspur School

Parent Conference Report

Date *January 7, 1975* Student *Sally Smith*

Parents *Mr. and Mrs. Smith* Instructor *Mr. Straight*
or Guardian

Mr. and Mrs. Smith reported that Sally had made excellent progress in her dressing skills. During the four months of the program she had learned to button and unbutton, fasten and unfasten snaps, and zip and unzip zippers. The Smiths were very encouraged by this progress.

The Smiths requested that they be given instruction on how to train Sally to manage buckles and hooks as well as lacing and tying her shoes. The necessary assistance was given the Smiths to enable them to train Sally in as many of these skills as possible.

January 14 was set as the next date for instructing the parents on how to train Sally to manage buckles. The microteaching method has been highly successful with these parents and will continue to be used.

Mr. Straight

Occupational Therapist

5.17

Larkspur School

Record of Parent Contact

Date *January 10, 1975* Student *Sally Smith*

Parent *Mr. and Mrs. Smith* Instructor *Mr. Strong*
or Guardian

During the January 7th parent reporting session, I discussed with Mr. and Mrs. Smith the possibility of Sally attending a summer camp program for one week. The camp is for developmentally disabled children and coordinated through the local recreation department. The recreation department procedures require the parents to make application by March 15th. Mr. and Mrs. Smith agreed to follow through and make application.

Mr. Strong

Recreation Specialist

Mr. Strong had made arrangements with the recreation department to have them give him the names of all developmentally disabled children whose parents had made application for the summer camp program. The following report was placed in the Current Classroom Record on March 10th:

Larkspur School

Report of Parent Contact

Date *March 10, 1975* Student *Sally Smith*

Parent or Guardian *Mr. and Mrs. Smith* Instructor *Mr. Strong*

On this date I contacted Mrs. Smith regarding the summer camp program for Sally. Mrs. Smith said that her husband's illness had made it impossible for her to file the necessary application but she still wanted Sally to attend camp.

Arrangements were made with Ms. Todd, the social worker for the Larkspur school, to assist Mrs. Smith with filing the necessary papers.

Mr. Strong

Recreation Specialist

What Has Been Done By Now?

Several more principles have been applied by this time. Let's see what they are:

1. The home training program was reviewed at the mid-year reporting session and future training directions established.
2. The parents have been instructed in the techniques needed to continue home training.
3. The parents have been assisted to a community resource (summer camp program).
4. Close communication has been maintained with the home.

The Last Step

The documents that represent the final stage of our case study for Sally's home training program are presented on the following pages.

They include:

1. Ms. Teachem's annual conference notes.
2. Mr. Straight's annual conference notes.
3. Daily plan forms for summer home training program.

Larkspur School

Parent Conference Report

Date *May 27, 1975* Student *Sally Smith*

Parent *Mr. and Mrs. Smith* Instructor *Ms. Teachem*
or Guardian

Checklists showing Sally's position at the beginning and end of the school year in each of the areas of instruction for Primary I were presented and discussed with the Smiths. Her overall progress in relation to goals and objectives included in Sally's short-term plan was also discussed. The Smiths seemed satisfied and encouraged by their daughter's progress. Copies of these checklists were given to the Smiths and a copy placed in Sally's cumulative folder.

The Direct Instruction staff had met with Mr. and Mrs. Smith on May 21, and it was decided that Sally should be placed in a Primary II class for the 1975-76 school year. Several questions regarding this placement were discussed with the Smiths. The fall program planning session with the Smiths and the Direct Instruction staff was set for August 25th at 1:30 p.m.

Plans for Sally's participation in the Larkspur School summer enrichment/recreation program were discussed and finalized.

The parents indicated a willingness and desire to continue with a moderate home training program during the summer months. They felt that continued development of dressing skills would be helpful. The date of May 30th at 2:00 p.m. was set for the parents to meet with Mr. Straight to work out the details and training procedures.

Ms. Teachem

Primary I

Larkspur School

Parent Conference Report

Date *May 30, 1975* Student *Sally Smith*

Parent or Guardian *Mr. and Mrs. Smith* Instructor *Mr. Straight*

Mr. and Mrs. Smith wanted to teach Sally how to take off and put on articles of clothing that had to go over the head and/or shoulders. Daily Plan Forms and task analyzed programs for developing these skills were worked out with the Smiths. They were supplied with the necessary data recording forms. Short microteaching sessions were used to show the parents the techniques for teaching Sally.

The Smiths were shown the videotape film of Sally's performance taken on August 30, 1974 which was compared to a tape taken on May 15, 1975. This comparison of performance was very encouraging to the Smith's; Sally's progress had not been rapid, but there had been definite progress.

The parents were instructed to contact the Larkspur School for any help they might need during the summer.

Mr. Straight

Occupational Therapist

In addition to the terminal objectives on the General Planning Guide, Mr. Straight would need to provide the Smiths with the Daily Plan Forms, task-analyzed programs, and data recording forms. These have not been included at this point because we have provided explanations and examples of this step on pp. 5.6, 5.7, and 5.10 of this manual.

INDIVIDUALIZED PROGRAM PLAN

Name *Sally Smith*

Birthdate *8/21/67*

School/Agency *Larkspur School*

Teacher *Ms. Teachem*

Level/Grade *Level I, Primary*

Date *May 30, 1975*

LEARNING MODALITIES: Strong *Auditory and Tactile-Kinesthetic*

Weak *Visual*

LEARNING STYLE: *Conforming*

REINFORCERS: *Small pieces of apple, peanuts, television*

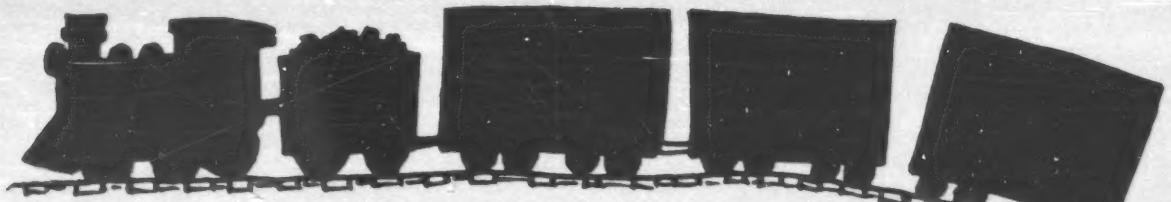
PRIORITY NEED: *Develop self-help skills*

Goal: *Sally will attain independent functioning in dressing skills.*

Terminal Objective: *Given an article of clothing which can be pulled off over the head, Sally will, to the satisfaction of her parents, pull the garment up and over her head, and remove both arms from the armholes until the garment is completely off.*

Terminal Objective: *Given an article of clothing that can be pulled over the shoulders, Sally will, to the satisfaction of her parents, pull the unfastened garment over the shoulders, slide it down her arms, and remove her arms from the armholes until the garment is completely off the body.*

And Finally, We Have Done What?



1. Reviewed Sally's progress for the school year.
2. Discussed ensuing year's placement.
3. Confirmed summer enrichment/recreational program.
4. Defined summer home training areas.
5. Provided the parents with the necessary program and training techniques to conduct the summer training.

Where Does It All End ?

It doesn't end! The process of assessing and defining priority needs, goals, and objectives; designing, implementing, and conducting programs to meet these needs; evaluation of program effectiveness; continued assessment and goal defining, programming, etc., is a continuous process as long as an individual is growing and developing. This is as true of the home training program as it is of the agency instructional program.

Remember, the format for developing and implementing a home training program presented in this unit is only suggested; it can be adapted and modified to meet home and/or agency needs.

You have just completed the Home/Agency Interaction training package. Much useful information has been provided to help you develop the competency of effective communication and interaction with parents; there is much more that you can do on your own. To assist you there has been included in Appendix B a list of Selected References and More Helpful Resources.

Time for Review

I. Available forms to use in developing and implementing home training programs are:

A. Individualized Program Plan.

B. Daily Plan form.

C. Task-Analyzed Program form.

D. Data Recording form.

II The sequence to follow in developing and implementing a home training program is:

A. Utilize pertinent information from Interdisciplinary Staffing Summary.

1. Prioirty needs.

2. Goals and terminal objectives.

3. Short-term plans.

B. Direct instruction team and parents cooperatively develop Individualized Program Plan and Daily Plan form.

1. State goal and objective(s) for home training area.

2. Develop subobjectives and training schedule.

3. Assign program responsibilities in areas of:

a. Instruction of parents in training techniques and data recording.

b. Ongoing communication with home.

c. Development of task-analyzed program.

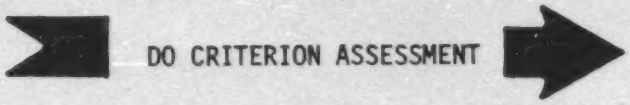
C. Primary trainer assists parents in areas of:

1. Developing training techniques.

2. Procedures for recording data.

3. Evaluation of entry level skills to determine subobjective training level.
4. Continuous evaluation of training program.

You are now ready to take the Criterion Assessment Examination. Before doing this, review the manual, the workbook, and any notes you have taken. In particular, review the unit objectives and "Time for Review" for each unit. As soon as you feel comfortable with the material, take the exam.



Appendix A

Names and Addresses of
National Organizations Serving
the Developmentally Disabled

American Association on Mental Deficiency
5201 Connecticut Avenue
Washington, D. C. 20201

Atypical Infant Development Program
1030 Sir Francis Drive
Kentfield, California 94904

Epilepsy Found. of America
1828 L Street N.W., Suite 406
Washington, D.C. 20036

Mothers of Young Mongoloids
713 Ramsey Street
Alexandria, Virginia 22301

National Association for Down's Syndrome
628 Ashland
Chicago, Illinois 60305

National Association for Retarded Citizens
P.O. Box 6109
2709 Avenue E East
Arlington, Texas 76011

National Society for Autistic Children
621 Central Avenue
Albany, New York 12206

President's Committee on Mental Retardation
Washington, D. C. 20201

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

The National Easter Seal Society for Crippled Children and Adults
Washington Building
1435 G. Street, N.W.
Suite 1031-32
Washington, D.C. 20005

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Selected References

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Barsch, Ray H. The Parent Teacher Partnership: Arlington, Virginia, Council for Exceptional Children, 1971.

Becker, Wesley C. Parents Are Teachers: Champaign, Illinois, Research Press Company, 1971.

Blumenfeld, Jane et. al. Help Them Grow A Pictorial Handbook for Parents of Handicapped Children: Abingdon Press, 1971.

Fletcher, H. et. al. Sex Education for the Developmentally Disabled: A Guide for Teachers, Parents, and Professionals, Baltimore, Maryland, University Park Press, 1973.

Hoffman, Sandra. Infant Stimulation: A Pamphlet for Parents of Multiply-Handicapped Children, Colorado Department of Education, 1973.

Krajicek, M. et. al. Stimulation Activities Guide for Children from Birth to 5 Years, JFK Child Development Center, University of Colorado Medical Center, Denver, Colorado.

Master Planning Guide, Colorado Department of Institutions, Division for Developmental Disabilities, Denver, Colorado.

Padzensky, H., Gibson, J., and Sporn, S. Assaying Student Behavior: A minicourse in student assessment techniques. Colorado Department of Institutions, Division for Developmental Disabilities, 1974.

Padzensky, H. and Gibson, J. Goalguide: A minicourse in writing goals and behavioral objectives for special education. Belmont, California: Fearon Publishers, Inc., 1975.

Padzensky, H. and Gibson, J. Program Implementation: A Minicourse in Instructional Planning for The Developmentally Disabled, Colorado Department of Institutions, Division for Developmental Disabilities, 1975.

Patterson, Gerald, Living with Children. Champaign, Illinois 61820, Research Press, 1968.

Perske, Robert, New Dimensions for Parents of Persons Who Are Retarded. Abingdon Press, 1973.

Ross, Alan, The Exceptional Child In the Family. New York, Grune and Stratton, 1964.

Training Parents to Teach: Four Models - TADS, 625 W. Cameron Avenue, Chapel Hill, N. C. 27514.

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More Helpful Resources:

Closer Look, National Information Center for the Handicapped. Box 1492, Washington, D.C. 20013.

This center is a project of HEW, Bureau for the Handicapped, which provides information to handicapped persons and their families regarding services available to them in their particular community. It has available many good, free pamphlets for parents dealing with problems of having a handicapped child.

New Perspectives on Down's Syndrome and Early and Continuous Intervention with Down's Syndrome Children. University of Washington, Seattle, Washington. 98195

Two slide-tape sets depicting techniques being used in the training of Down's Syndrome children at the Child Development and Mental Retardation Center, University of Washington.

Kempton, Winifred A Training Guide on the Subject of Sexuality and the Mentally Handicapped. Planned Parenthood Association, 1402 Spruce Street, Philadelphia, Pennsylvania 19102.

A Guide on how to train anyone working with the retarded.

The ABC of Sex Education for Trainables. Hallmark Films, 1511 E. North Avenue, Baltimore, Maryland 21213

A 20 minute 16 mm. color and sound film demonstrating how trainables should be taught human sexuality with scenes of actual training sessions.

The How and What of Sex Education for Educables. Hallmark Films, 1511 E. North Avenue, Baltimore, Maryland 21213.

A 20 minute, 16 mm. color and sound film. Actual classroom training scenes demonstrate training methods. It discusses the content of a sex education program.

Katchadourian, Herant A. and Donald T. Lunde. Fundamentals of Human Sexuality, Holt, Rinehart and Winston, Inc., 1972. $10.00

Comprehensive Textbook that has all of the basic information on biology as well as being extremely readable. Also includes chapters on sex and the law, sex and morality, eroticism in art, films and literature.

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McCary, James. Human Sexuality, Van Nostrand, 450 West 33rd Street, New York, N. Y. 10001, 1973. $10.95.

On Being Sexual, St. Louis Association for Retarded Children, 1240 Dautel, St. Louis, Missouri 63141

A 22 minute, 16 mm. color and sound film.

A film designed to stimulate parent and professional group discussions on the topic - sexuality and the retarded. The film is available for purchase or rental and includes a guide on sexuality resources, an outline on parent and professional sexuality education, and discussion points in the film.

Other Publications In This Training Series

Getting Acquainted with the Developmentally Disabled: A Behavioral Look. Padzensky, H. R., Ward, J. D., and Messman, L. E., Denver, Colorado: Department of Institutions, Division for Developmental Disabilities, 1975.

Participant Manual
Participant Workbook
Instructor's Manual

Assaying Student Behavior: A Minicourse in Student Assessment Techniques. Padzensky, H. R., Gibson, J., and Sporn, S., Denver, Colorado: Department of Institutions, Division for Developmental Disabilities, 1975.

Participant Manual
Participant Workbook
Instructor's Manual

Goalguide: A Minicourse in Writing Goals and Behavioral Objectives for Special Education. Padzensky, H. R., and Gibson, J., Belmont, California: Fearon Publishing, Co., 1975

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Program Design: A Minicourse in Instructional Planning for the Developmentally Disabled. Padzensky, H. R., and Gibson, J., Denver, Colorado: Department of Institutions, Division for Developmental Disabilities, 1975.

Participant Manual
Participant Workbook
Instructor's Manual

Program Implementation. (To be released)

Home-Agency Interaction: A Minicourse in Communication with Parents of the Developmentally Disabled. Padzensky, H. R., Messman, L. E., and Ward, J. D., Denver, Colorado: Department of Institutions, Division for Developmental Disabilities, 1975.

Participant Manual
Participant Workbook
Instructor's Manual

Behavior Modification Techniques for Teachers of the Developmentally Young. Anderson, D. R., Jones, W. G., Hodson, G. D., Todd, J. C., and Walters, B. G., Greeley, Colorado: University of Northern Colorado, School of Special Education and Rehabilitation, 1972.